CI

BURGH OF PAISLEY.

REPORT

OF THE

Public Health Department

FOR THE YEAR 1931.

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

Printed by Wm. A. Lochhead, 20 New St., Paisley.

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To the Provost, Magistrates and
Town Councillors of the
Burgh of Paisley.

I have the honour to submit my Report on the work of the Public Health Department for the year 1931. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
PAISLEY, June, 1932.

BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1931.

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1931 was 87,430; this gives an estimated increase over the figure for 1930 of 394.

The Preliminary Report on the 1931 Census of Scotland returns the population of the Burgh as 86,441, an increase of 1,604 or 1.9 per cent. on the census population of 1921. I subjoin a table comparing the census figures for 1921 and 1931:—

	Both Sexes.	Males.	Females.
Census, 1921, ...	84,837	39,945	44,892
Census, 1931, ...	86,441	40,674	45,767
Intercensal Increase,... ...	1,604	729	875

Area.—The area of the Burgh is 3,538 acres. The density of population is 24.7 per acre.

Birth Rate.—There were 1,784 births, 896 males and 888 females, giving a birth rate —corrected for transfers—of 20.4, compared with 20.5 for 1930. The average rate for the past twelve

years is 22.7. The rate for the whole of Scotland was 19.0, while the average rate for the larger Scottish Burghs was 19.8.

Illegitimate Birth Rate.—This rate was 5.6 per cent. of the total births. The average rate for the past twelve years is 4.9 per cent. The rate for the whole of Scotland was 7.2 per cent., and for the larger Burghs, 6.3 per cent.

Death Rate.—The number of deaths was 1,104, giving a death rate—corrected for transfers—of 12.6, which is the second lowest rate on record; the rate for 1930 was 14.6, and the average rate for the past twelve years is 13.8. The rate for the whole of Scotland was 13.3, while the rate for the larger Burghs was 13.5.

The principal diseases contributing to the death rate were heart disease, 182 deaths; cancer, 135 deaths; pneumonia. 86 deaths; bronchitis, 55 deaths; pulmonary tuberculosis. 50 deaths.

The number of deaths from the various forms of heart disease is the second highest recorded since the War. The deaths from Cancer continue at a high level, forming 12.2 per cent. of the total number, and point clearly to the necessity for sustained educational propaganda on the subject.

It is an interesting sign of the times that, of the total number of deaths registered during the year—1,167—no fewer than 615. or 52.7 per cent., occurred in Institutions; ten years ago, in 1921, 451 deaths, or 38.8 per cent., of a total of 1,162 occurred in Institutions.

Infant Mortality Rate.—Deaths under 1 year—corrected for transfers—numbered 133, giving a rate of 75 per 1,000 births, which is the second lowest rate on record; the rate for 1930 was 107, and the average rate for the past twelve years is 98. The rate for the whole of Scotland was 82 and for the larger Burghs, 89.

Diseases of early infancy and malformations accounted for 73 deaths, or 54.8 per cent. of the total number. Effective antenatal care of the expectant mother, together with an efficient midwifery service, would appear to be the most important factors in any campaign towards the reduction of this high mortality.

The other principal diseases contributing to this mortality rate were Pneumonia, 18 deaths, and Diarrhœa and Enteritis, 9 deaths.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of Tuberculosis was 0.82, the lowest rate on record, and the rate from Pulmonary Tuberculosis was 0.57, the second lowest rate on record; these rates for 1930 were 1.13 and 0.76, while the average rates for the past twelve years are 1.16 and 0.81.

The corresponding rates for the whole of Scotland were 0.87 and 0.62, and for the larger Burghs, 1.01 and 0.74.

Infectious Disease Rate.—The rate of deaths from the principal infectious diseases was 0.73; the rate for 1930 was 0.91, while the average rate for the past twelve years is 0.95. The rate for the whole of Scotland was 0.83, and for the larger Burghs, 0.94.

CONTROL OF INFECTIOUS DISEASES.

A.—Hospitals.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in Hospital on 31st December, 1930, was 77; the number admitted during 1931 was 977, giving a total of 1,054, compared with a total of 821 for the year 1930. The principal diseases contributing to this total were Scarlet Fever, 448; Acute Pneumonia, 315; Diphtheria, 129; Cerebro-Spinal Fever, 36; Erysipelas, 33; Measles, 30; Whooping Cough, 23.

During the year, the question of a new Infectious Diseases Hospital received prolonged consideration. In February, the Town Council unanimously decided to proceed with the scheme, and during the following months numerous possible sites were inspected by the Public Health Committee. In October, consequent on the national economic crisis, it was decided to postpone the scheme. The question was raised again in November, and, by a majority, the Town Council decided to proceed. In January, 1932, it was unanimously agreed to build the new Hospital on the Hawkhead Estate.

As in past years, Miss Dick and her nursing staff have to be congratulated on an excellent record of work, especially during the later months of the year when the prevalence of Scarlet Fever was very high. I have also to thank Dr. A. M. MacCormick for her very capable and conscientious services both in the wards and in the bacteriological laboratory, where she was responsible for a record total of examinations.

Reception House, Bridge Street.—There was no occasion during the year to utilise the accommodation at the Reception House.

Smallpox Hospital.—Cases of smallpox, of which none occurred during the year, are now treated at the West Renfrewshire Combination Hospital, near Johnstone, which is under the control of a Joint Committee, representative of all the Local Authorities in the County of Renfrew.

B.—Infectious Diseases.

The total number of cases of Infectious Diseases—apart from tuberculosis—was 2,609; in 1930, this figure was 3,325.

Notifiable diseases accounted for 1,768, of which 477 were cases of Acute Pneumonia, 468 Chickenpox, 465 Scarlet Fever,

136 Diphtheria. There were 841 cases of diseases not compulsorily notifiable, of which 466 were cases of measles; 271 Whooping Cough; 104 Mumps.

Thanks are again due to the Epidemic Inspector, Mr. Eaglesim, and the Epidemic Nurse, for an excellent record of work, especially during the later months, when the incidence of Scarlet Fever and Measles were both very high.

School Closure on Account of Infectious Diseases.—It was not considered necessary to recommend closure of any school or part of a school on account of infectious disease.

Housing and Infectious Diseases.—I subjoin a table showing the number of cases of Acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments :—

	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
Size of House.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment,... ... ... * (14.3 %),	86	20.5	21	15.7	69	15.5
Two Apartments, ... (47.9 %).	247	59.0	82	61.2	256	57.4
Three Apartments, ... (22.1 %).	70	16.7	21	15.7	88	19.7
Over Three Apartments, (15.7 %).	16	3.8	10	7.4	33	7.4

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—In addition to the usual routine measures of disinfection, 68 sets of bedding were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases :—Pulmonary Tuberculosis (20), Cancer (19), Non-pulmonary Tuberculosis (2), Nervous Diseases (5), Respiratory Diseases (3), Circulatory Disease (2), Other Diseases (17).

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Fever Hospital. In the case of Scabies, 26 persons were bathed and treated with sulphur ointment, and 10 sets

of bedding and 17 sets clothing were treated by steam disinfection. 2 patients with pediculosis were bathed and had their bedding and clothing disinfected.

Modern Methods of Active Immunisation.—Since the latter months of 1926, the nursing staff at the Burgh Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised, and, up to the end of 1931, there has been no case of either disease. Immunisation work has not yet been started at the Child Welfare and School Clinics.

Pneumonia.—Total notifications, 522, classified as follows:— Acute primary pneumonia, 459; acute influenzal pneumonia, 18; acute pneumonia, secondary to other diseases, 45. These figures represent the lowest incidence since the year 1923.

348 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 72.9 per cent. of the total notifications; of these 286 were treated in the Fever Hospital, 48 in the Royal Alexandra Infirmary, and 14 in Craw Road Institution. Deaths numbered 86, giving a case mortality—for all notified cases—of 18 per cent., the lowest rate on record. The case mortality in the Royal Alexandra Infirmary was 12.5 per cent., and in the Fever Hospital, 13.3 per cent., both of which are exceptionally low rates. 26 deaths out of the total of 86 occurred in children under 5 years.

45 cases of pneumonia, secondary to other diseases, were notified during the year; practically all were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Department to get into early touch with these cases, and to offer institutional treatment in the Fever Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia and acute influenzal pneumonia. I subjoin an interesting table showing the development of this work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Cases Removed to Hospitals.			Total Cases removed to Hospitals.	Percentage of Notified Cases removed to Hospitals.
			Fever Hospital.	Royal Alexandra Infirmary.	Craw Road Institution.		
1920	201	55.6	55	62	...	117	58.2
1921	253	31.2	119	45	1	165	65.2
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
1931	477	18.0	286	48	14	348	72.9
Totals,	5,652	...	2,598	917	330	3,845	68.0

Taking the years, 1922 to 1931, we find that the average number of notification was 519, and the average case mortality of the notified cases was 23.7 per cent.; during the same period, 45.9 per cent. of the total notified cases were treated in the Fever Hospital, where the average case mortality was 15.9 per cent. During 1931, 79.5 per cent. of the total notified cases occurred in houses of one and two apartments, which form 62.2 per cent. of the total houses in the Burgh; it is clear, therefore, that until housing conditions in Paisley are more or less revolutionised, it will be very necessary to provide ample institutional accommodation for the severe forms of acute respiratory diseases.

Scarlet Fever.—Cases notified, 465; removed to hospital, 427 or 91.8 per cent.; 3 deaths occurred, giving a case mortality of .43 per cent., a low rate, the average case mortality for the past 12 years being 1.65 per cent. The incidence of this disease was the highest since 1926, assuming a very high level from June, and, at the end of the year showing no signs of diminishing. The type of the disease was fortunately mild and in the later months of the year when the wards had become overcrowded, cases without complications were discharged after twenty-one days' residence in order to make room for the steady inflow of fresh cases. Scarlet

Fever Antitoxin was given to practically all cases in order to cut short the acute stage and so reduce the infectivity; the expenditure on antitoxin was heavy but it was justified by enabling early discharge of cases.

Where home isolation of cases is practicable, medical practitioners can be supplied with antitoxin.

Diphtheria.—Cases notified, 136; removed to hospital, 135; there were 3 deaths, giving a case mortality of 2.2 per cent., the lowest rate on record, the average rate for the past 12 years being 5.1 per cent. The incidence of this disease was about the average level.

I would repeat the warning to medical practitioners of the danger of relying on bacteriological examinations in suspected cases of diphtheria, more especially in the case of young children; in children, serum should be administered whenever the clinical evidence gives rise to the least suspicion of diphtheria, and should never be delayed pending the result of a throat swab. Serum is always available for practitioners at the Fever Hospital.

Enteric Fever.—7 cases were notified, and 6 cases were removed to hospital; bacteriological confirmation of the diagnosis was obtained in 4 cases, 1 being Enteric Fever, and 3 Paratyphoid "B" Fever; there were no deaths. The final diagnosis of the unconfirmed cases was—Pneumonia (1), Pyelitis (1), Mucous Colitis (1).

Undulant Fever.—1 case of this disease, the first to occur in Paisley, came to the notice of the Health Department in March. The patient, a young police constable, reported sick on 29th January, when his condition was diagnosed influenza. He was off duty until 10th February, when he resumed work. On 28th February, he became ill again and was admitted to the Royal Alexandra Infirmary, Paisley, where for fully a week he had a daily rigor, his temperature rising to 103 degrees or 104 degrees for a few hours each day, and remaining normal during the rest of the day. Apart from the rigors, there were no other special symptoms. His blood was tested on 10th March for the Enteric group, but with negative results. On 17th March, his blood was sent to Dr. Wiseman, City Bacteriologist, Glasgow, to be tested for Bacillus Abortus, the organism responsible for Undulant Fever, and on 19th March a positive result was reported; the test was repeated with more than one strain of Bacillus Abortus, each result being definitely positive. Dr. Wiseman was anxious to attempt isolation of the organism itself and supplied the necessary outfits, but the patient's temperature had by that time returned to normal. The patient resumed work on 24th April after being

3 months off duty, but on 29th April reported sick again with a pain in his left side, the condition being diagnosed as perisplenitis; he resumed work again on 23rd June, and has kept perfectly fit since them. The possibility of the milk supply being the source of infection was investigated with a negative result.

Ophthalmia Neonatorum.—Notifications numbered 42, as compared with 40 during 1930; 23 cases were proved to be due to a gonococcal infection, a distinctly higher number than usual. 25 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 187 domiciliary visits to these cases, and 9 serious cases were referred to the Royal Victoria Eye Infirmary, Paisley, where they attended as outpatients, for expert advice and treatment. It was not necessary to admit any cases to the Fever Hospital. No case of impairment of vision occurred, and, in that respect, our record of only one case of blindness from this disease since 1918 is the best possible tribute to the success of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—466 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Medical Service of the Education Authority; practically all these cases occurred during November and December, and at the end of the year the usual biennial epidemic was at its height. 30 complicated cases were admitted to the Fever Hospital. There were 8 deaths—6 under 5 years of age—giving the low case mortality of 1.7 per cent. The Epidemic Nurse paid 476 domiciliary visits in order to impress on parents the dangers of this disease in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week in order to prevent the onset of that very fatal complication, pneumonia, which is the cause of practically all the deaths from measles.

Whooping Cough.—271 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates a lower prevalence than usual. There were 15 deaths—all of children under 5 years—which gives a case mortality of 5.5 per cent., a comparatively low rate. Whooping Cough in young children is the most fatal of all the common infectious diseases, and parents must learn to take all possible precautions to safeguard their children from infection. 308 Domiciliary visits were paid to these cases.

Encephalitis Lethargica.—1 case came to the notice of the Department during the year from the Registrar's Return of Deaths; the patient was a chronic case, 61 years, the date of onset of the disease being 1922. The special wards for chronic

cases at Stobhill Hospital, Glasgow, are not now available, but, where necessary, such cases can be admitted to Craw Road Institution.

Puerperal Fever and Puerperal Pyrexia.—7 cases of Puerperal Fever were notified, and all were treated in Hospital; there were 4 deaths. 33 cases of Puerperal Pyrexia were notified, of which 30 were treated in Hospital; there were no deaths.

For the information of medical practitioners, I subjoin a note of the treatment and preventive facilities provided by the Local Authority for such cases:—

(1) Consultant Service:—Dr. Donald McIntyre, Glasgow, has been appointed Consultant Surgeon, and practitioners can arrange with him at any time for a consultation.

(2) Bacteriological Examinations:—Arrangements have been made with the Glasgow Corporation Laboratory for the examination of swabs, blood specimens, etc.; outfits for such examinations can be obtained at the Fever Hospital.

(3) Institutional Treatment:—A ward has been set aside at the Fever Hospital, and a sideroom has been fitted up as an operating theatre. Dr. Donald McIntyre has been appointed Consultant Surgeon for this ward.

(4) Domiciliary Nursing Service:—The Trustees of the Peter Brough Bequest Fund have cordially agreed to the request of the Local Authority that the services of their nurses will be available, on the call of medical practitioners, for cases which can be suitably treated at home.

Chickenpox.—There were 468 notifications of this disease, which at present is compulsorily notifiable; this indicates a slightly higher prevalence than usual. As chickenpox may easily be confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

Cerebro-Spinal Fever.—31 cases were notified and all were treated in hospital; there were 19 deaths, of which 11 were under 5 years; this represents the highest incidence since the war years. During the last few years, the results of treatment of these cases with the Polyvalent Serums which are available have been distinctly disappointing.

Erysipelas.—55 cases were notified; 36 cases were treated in hospital; there were 3 deaths.

Mumps.—104 cases of this disease came to the notice of the Health Department, the lowest number since 1924.

Acute Poliomyelitis (Infantile Paralysis).—1 case was notified and was treated in hospital.

Influenza.—10 deaths from this disease occurred during the year, a figure which indicates a low prevalence.

Smallpox, Typhus Fever, Cholera, Relapsing and Continued Fevers, Dysentry, Malaria, Infective Jaundice, Polio-Encephalitis.—No cases occurred during the year.

Infectious Diseases Carriers.—No "Carriers" came to the notice of the Health Department during the year.

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. In 1920, examinations numbered 707; the total for 1930 was 1,284; during 1931, the work reached the record total of 1,678.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria, ...	1,052	221	831
Enteric Fever, ...	15	3	12
Tuberculosis, ...	365	48	317
Venereal Diseases, ...	117	50	67
Cerebro-Spinal Fever,	87	54	33
Other Diseases, ...	42	24	18
Total, ...	1,678	400	1,278

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.	Education Authority.
Maternal & Child Welfare Department.	Minor Ailments Clinic.
Tuberculosis Department.	Special Treatment Clinic.
Disinfection Department.	Dental Clinic.
X-Ray Department.	Remedial Exercises Clinic.
Artificial Sunlight Department.	Office Accommodation.

The general public continues to show a keen interest in the work of the Institute. During the year, 10 parties, including Women's Guilds, Girls' Clubs, Girl Guides, etc., visited the Institute in the evenings, the average number of each party being fully 40; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) BIRTHS.

(a) Number registered (corrected for transfers, 1,784),	1,796
(1) Legitimate, ...	1,692
(2) Illegitimate, ...	104

(b) Number notified (including still-births), ... 1,736

(c) Number classified according to nature of attendance:

(1) Doctor, ... 434

(2) Midwife, ... 723

(3) Institution, ... 579

(d) Number of still-births, ... 62

The number of still-births is the lowest yet recorded; in 1930, the number was 86. An analysis of the probable causes of 60 still-births will be found in Part II. of this Report; effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) Infantile Mortality.

(a) Number of deaths (corrected for transfers, 133), ... 137

(b) Rate per 1,000 births (corrected for transfers), ... 75

(c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week, ...	49	27.28
1 week and under 4 weeks, ...	22	12.25
4 weeks and under 3 months, ...	19	10.58
3 months and under 6 months, ...	12	6.68
6 months and under 12 months, ...	35	19.49

Causes of Death.	No. of Deaths.	Rate per 1,000 Births.
Chickenpox, ...	1	0.56
Measles, ...	3	1.67
Scarlet Fever, ...	1	0.56
Whooping Cough, ...	6	3.34
Diphtheria and Croup, ...	0	0.00
Erysilpelas, ...	2	1.11
Tuberculous Diseases, ...	2	1.11
Meningitis (not Tuberculous), ...	4	2.23
Hydrocephalus, ...	0	0.00
Convulsions, ...	8	4.45
Pneumonia (all forms), ...	18	10.02
Bronchitis, ...	3	1.67
Diarrhœa and Enteritis, ...	10	5.57
Other Digestive Diseases, ...	0	0.00
Congenital Malformations, ...	4	2.23
Congenital Heart, ...	1	0.56
Premature Birth, ...	40	22.27
Atrophy, Debility and Marasmus,	23	12.81
Atelectasis, ...	2	1.11
Injury at Birth, ...	2	1.11
Suffocation, overlaying, ...	0	0.00
Syphilis, ...	1	0.56
All other causes, ...	6	3.34

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis once again emphasises the need for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced.

(3) Maternal Mortality.

(a) Number of deaths resulting from miscarriage or childbirth, ...	11
(b) Number of deaths resulting from puerperal sepsis,...	4

The number of maternal deaths during 1931—11—gives a maternal mortality rate of 6.11 per 1,000 births; in 1930, this rate was 5.60. The average rate for the past 12 years is 5.54. Of the 11 maternal deaths, 4 resulted from puerperal sepsis, as compared with 6 during 1930, the puerperal sepsis death rate being 2.24, as compared with an average rate for the past 12 years of 1.84 per 1,000 births.

(4) Report Under Midwives (Scotland) Act. 1915.

This will be found under Part II. of the Report. There are 23 midwives on the local roll, of whom 10 hold the C.M.B. Certificate or its equivalent. 39 per cent. of the total number of births were attended by midwives.

(5) Home Visitation.

	Number Visited.	Total Visits.
Infants, ...	2,694	7,625
Children (1-5 years), ...	1,939	6,175
Expectant Mothers, ...	207	356
	4,840	14,156

The total number of home visits is 671 less than the number paid during 1930; this decrease is due to the recent increase in the number of clinic sessions, attendance at which takes up more of the time of the Health Visitors. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health Visitors will be increased, in order that this important branch of the work will receive the attention which its importance merits. At present, especially since the recent increase in the number of clinic sessions, the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) Voluntary Health Visitors' Report.

There are no Voluntary Health Visitors. The small balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

(7) Ante-Natal Consultations.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts $2\frac{1}{2}$ - $3\frac{1}{2}$ hours; the total number of sessions was 149.

(a) Total number of expectant mothers attending, ...		743
Re-attending from 1930, ...	73	
New Patients, ...	670	
(b) Total number of attendances,...		2,994
(c) Classified summary of conditions found:—		
Albuminuria, ...		73
Anæmia, ...		5
Bronchial Catarrh, ...		6
Cardiac Disease, ...		2
Contracted Pelvis, ...		52
Cystitis, ...		8
Dental Caries, ...		32
Debility, ...		25
Doubtful Pregnancy, ...		23
Excessive Sickness, ...		4
Gynæcological Conditions, ...		3
Incomplete Abortion, ...		3
Malpresentation, ...		11
Minor Ailments, ...		328
Multiple Pregnancy, ...		3
Normal Pregnancy, ...		106
Not Pregnant, ...		6
Pyelitis, ...		13
Retroverted Gravid Uterus, ...		3
Still-Births and Miscarriages,...		1
Tuberculosis, ...		10
Venereal Disease, ...		11
Varicose Veins, ...		7
(d) Number of cases:—		
(1) Referred to Ante-Natal Ward, ...		116
(2) Referred to family doctor, ...		7
(3) Treated at Clinic, ...		620
(e) Sources from which cases were drawn:—		
(1) Recommended by doctor,...		57
(2) Recommended by midwife, ...		97
(3) Recommended by health visitor, ...		19
(4) Came of own accord, ...		496

The total attendances at the ante-natal clinics numbered 630 more than the previous highest total, and fully justified the opening of the extra session on Monday afternoons. The number of mothers attending was 101 more than the previous highest total. This ante-natal work is bound to develop further in view of the gradual education of the expectant mother, and also on account

of the new rule of Central Midwives' Board, which makes it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only of puerperal morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

(8) Post-Natal and other Consultations.

(a)	Total number of patients, ...		627
	New patients, ...	403	
	Old patients re-attending, ...	224	
(b)	Total number of attendances, ...		2,446
(c)	Conditions found:—		
	Albuminuria, ...		4
	Agalactia, ...		92
	Debility and Minor Ailments,...		201
	Dental Caries, ...		9
	Mastitis, ...		8
	Skin Conditions, ...		4
	Venereal Disease, ...		1
	Healthy, ...		275

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

New Post-Natal Clinic.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic is held on Thursday afternoons, and I subjoin the report of the first year's work which has been prepared by Dr. Barbara K. Nicholson.

(a)	Total number of patients attending, ...		256
	Re-attending from 1930, ...	4	
	New patients, ...	252	
(b)	Sources from which cases were drawn:—		
	Referred from Barshaw Hospital, ...		231
	Referred by Medical Practioners		6
	Referred by Midwives, ...		1
	Referred by Public Health Staff, ...		12
	Came of own accord, ...		2
(c)	Total number of attendances, ...		345
(d)	Summary of conditions found:		
	Broad Ligament Cyst, ...		1
	Cystocele, ...		2
	Deafness (referred to Hospital), ...		1
	Doubtful Pregnancy (referred to Ante-Natal Clinic),		1
	Leucorrhœa—Chronic Cervicitis, ... (1 case referred to Hospital.)		4
	Leucorrhœa—Gonococcal Cervicitis, ... (All referred to V.D. Clinic.)		4
	Pelvic Cellulitis, ...		1
	Perineal Deficiency, ...		1
	Previous Abortion (referred to doctor), ...		1

Prolapsus Uteri, ...	2
Retroversion of Retroflexion, ...	15
Right Inguinal Hernia (referred to doctor), ...	1
Sacro-iliac Arthritis, ...	1
Leborrhœa Corporis (both referred to doctor), ...	2
Subinvolution, ...	7
White Leg, ...	1
Pelvis satisfactory.	147
Pelvis satisfactory—Anæmia, ...	12
Pelvis satisfactory—Constipation, ...	4
Pelvis satisfactory—Dental Caries, ...	3
Pelvis satisfactory—Debility, ...	15
Pelvis satisfactory—Fissure of Anus, ...	1
Pelvis satisfactory—Hæmorrhoide, ...	2
Pelvis satisfactory—Mastitis, ...	2
(1 case referred to doctor).	
Pelivs satisfactory—Neuritis, ...	1
Pelvis satisfactory—Chronic Nephritis, ...	8
Pelvis satisfactory—Pyelitis, ...	11
Pelvis satisfactory—Rheumatism	4
(1 case referred to doctor.)	
Pelvis satisfactory—Pruritus, ...	1
(Re-admitted Barshaw Hospital.)	
	256

(e) Number of cases:

(1) Referred to family doctor,...	6
(2) Referred to Hospital, ...	7
(3) Treated at Clinic, ...	243

It will be agreed, I think, that the figures given above fully justify the opening of a special Post-Natal Clinic. Experience has shown that, even with proper ante-natal care and skilled attendance during labour, certain complications may develop later, which, if not treated properly, may lead to serious and prolonged invalidism. At a special Post-Natal Clinic, these complications and sequelæ can be recognised at an early stage, when it is comparatively easy to treat them effectively, and the distressingly high maternal morbidity rate can thus be materially reduced. Mothers, of course, require to be educated as to the real preventive value of such post-natal supervision, but it is most encouraging to find that in recent months 77 per cent. of the mothers who have been confined in Barshaw Hospital have attended for examination at the Post-Natal Clinic 5 to 6 weeks after their confinement. The new Clinic has undoubtedly enhanced the value of the local maternity service.

(9) Child Welfare Consultations.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 347.

(a) Number of children attending:

(1) Under one year of age, ...		1,042
(a) New patients,...	820	
(b) Patients re-attending, ...	222	

(2) Over one year of age, ...		1,615
(a) New patients,...	473	
(b) Patients re-attending, ...	1,142	
(b) Total number of attendances:		
(1) Under one year of age, ...		4,936
(2) Over one year of age, ...		6,052
(c) Summary of conditions found:		
Adenitis, ...		28
Congenital Defects, ...		13
Debility, ...		372
Dental Caries, ...		214
Digestive Disorders, ...		384
Diseases of the Skin, ...		262
Ear affections, ...		43
Throat and nose disorders, ...		119
Eye affections, ...		43
Genito-urinary disorders, ...		18
Infantile Paralysis, ...		2
Infectious Diseases, ...		15
Injury, ...		22
Intestinal Parasites, ...		54
Marasmus, ...		2
Mental Deficiency, ...		2
Phimosis, ...		102
Prematurity and Birth Debility, ...		17
Respiratory Disorders, ...		220
Rheumatism, ...		1
Rickets, ...		71
Stomatitis, ...		2
Surgical conditions, ...		77
Tuberculosis, ...		9
Healthy children, ...		565
(d) Number of surgical dressings,...		295
(e) Cases referred to Hospital:		
(1) For operation, ...		257
(2) For consultation, ...		56
(3) For observation or medical treatment, ...		16

Total attendances numbered 10,988, as compared with 10,934 during 1930. The opening of an extra session in December, 1930, has assisted materially in reducing the overcrowding which previously obtained, and more time is now available to develop the very important, educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

Rickets.

The incidence of this disease at the Child Welfare Clinics during 1931 is subjoined, and may be compared with the figures for the previous three years :—

	1928.	1929.	1930.	1931.
Total number of cases, ...	120	84	62	71
New cases, ...	52	31	20	55
Old cases re-attending, ...	68	53	42	16

I subjoin the usual statistical data relating to the 55 new cases attending during the year:—

(1) **Classification.**

Early,	7
Medium,	26
Advanced or late,	22

(2) **Age Incidence.**

6 to 9 months,	4
9 to 12 months,	23
12 to 18 months,	22
18 to 24 months,	6

(3) **Modes of Feeding.**

Breast fed at birth,	44
Partly breast fed at birth,	0
Bottle fed,	11
Breast fed babies weaned earlier than 3rd month,	10
Breast fed babies weaned between 3rd and 6th month,	9
Breast fed babies weaned between 6th and 12th month,	12
Breast fed babies weaned after 12th month,	13

(4) **Question of Employment of Husband.**

Husband in steady employment,	20
Husband on short time,	11
Husband unemployed for a few months,	8
Husband unemployed for 1 year,	1
Husband unemployed for 2 years,	15

(5) **Housing Accommodation.**

Lodgings,	5
1-apartment houses,	17
2-apartment houses,	32
3-apartment houses,	1

The Health Visitors on their first visit to a house after a baby arrives leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular attendance can be secured. During 1931, 62 cases received this treatment at the Russell Institute; of these, 32 cases improved under treatment, 2 cases were unchanged, while no fewer than 28 cases ceased attendance prematurely.

(10) Special Treatment Centres.

(1) **Dental Clinic.**

(a) Number of attendances·
  (1) Mothers,
  (2) Children,
(b) Number of dentures supplied,
(c) Summary of work,

	New Cases.	Attendances.	Extractions.	Fillings.	Dressings, Etc.
Mothers,...	146	399	383	7	78
Children,..	324	801	536	106	236
Totals, ...	470	1,200	919	113	314

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The figures given above again show an excellent record of work, both among mothers and young children. The number of new patients is 17 more than the previous highest total. The extractions carried out involved the giving of 643 local anæsthetics.

As has been pointed out in previous Reports, the time at present allotted to this work—4 hours per week—only permits of the really urgent cases being treated, and very little work of a preventive nature can be undertaken.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes.**

(a) Number of cases, ...	36
(b) Classified summary of conditions treated:	
Acute conjunctivitis, ...	10
Blepharitis, ...	14
Hordeola, ...	4
Ophthalmia neonatorum, ...	3
Strabismus, ...	5

(3) **Ear, Nose and Throat.**

(a) Number of cases, ...	159
(b) Summary of conditions:	
Otorrhœa, ...	42
Enlarged tonsils and adenoids, ...	97
Adenoids, ...	4
Rhinitis, ...	12
Tonsilitis, ...	4

(4) **Artificial Sunlight Clinic—Child Welfare Cases.**

(a) Number of attendances, ...	2,621
(b) Number of cases, ...	140
Old cases re-attending, ...	41
New cases, ...	99

(c) Note of conditions treated and results obtained:

Dr. Susan M. MacMurray, who is in charge of this work, submits the following report:—

No. of Cases.	Condition.	Result.
3	Adenitis.	Well.
8	Adenitis.	Improved.
1	Adenitis.	Referred to Surgeon.
1	Alopecia.	Improved.
1	Alopecia.	Ceased attendance prematurely.
5	Bronchitis.	Improved.
4	Bronchitis.	Ceased attendance prematurely.
5	Debility.	Well.
27	Debility.	Improved.
11	Debility.	Ceased attendance prematurely.
1	Eczema of Scalp.	Ceased attendance prematurely.
1	Infantile Paralysis.	General condition improved.
32	Rickets.	Improved.
2	Rickets.	Unchanged.
28	Rickets.	Ceased attendance prematurely.
1	T.B. Abdomen.	Improved.
1	T.B. Dactylitis.	Well.
1	T.B. Dactylitis.	Improved.

School Children (excluding Tuberculous cases) referred by School Medical Officer.

(a) Number of attendances, ...	474
(b) Number of cases, ...	18
Old cases re-attending, ...	6
New cases, ...	12

(c) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
1	Adenitis.	Improved, continuing treatment.
1	Alopecia.	Improved, discharged.
1	Anæmia.	Improved, discharged.
1	Bronchitis and Asthma.	Improved, continuing treatment.
1	Bronchitis and Asthma.	Ceased attendance prematurely.
2	Chorea.	Improved, discharged.
4	Debility.	Improved, discharged.
1	Debility.	Improved, continuing treatment.
2	Debility.	Ceased attendance prematurely.
1	Dermatitis.	Improved, continuing treatment.
1	Dermatitis.	Ceased attendance prematurely.
1	Chronic Ulcer.	Ceased attendance prematurely.
1	Rheumatism.	Improved, discharged.

The work at this Clinic shows a decrease, as compared with the previous year, total attendances being 3,095, compared with

3,395 during 1930; the decrease applies both to child welfare cases and to school children.

(11) Day Nurseries, Kindergartens, and Play Centres.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which otherwise would have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for Children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street, and this new venture continues to be very popular and carries on most admirable work, which has real educative value. The Local Authority and the Education Committee of the County Council give grants in aid of the work of the Centre.

(12) Food and Milk.

(a)	Number of persons in respect of whom applications were made for food or milk:	
	(1) Mothers, ...	58
	(2) Children, ...	132
(b)	Number of cases certified on medical grounds as requiring food or milk:	
	(1) Mothers, ...	58
	Expectant, ... 18	
	Nursing, ... 40	
	(2) Children, ...	132
(c)	Number of cases under (b) certified as necessitous:	
	(1) Mothers, ...	58
	(2) Children, ...	132

As in former years, I have again to record the usual generous bequest of £20 from the Peter Brough Bequest Fund, and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

(13) Measles.

(a)	Number of cases notified (not compulsorily notifiable), ...	466
(b)	Number of deaths, ...	8
	(1) From Measles, ...	0
	(2) From Sequelæ, ...	8
(c)	Number of cases removed to hospital, ...	30
(d)	Number of domiciliary visits, ...	476
(e)	Details of special staff, if any, engaged for epidemics:	
	An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time, if necessary, to home visitation.	

(14) Whooping Cough.

(a) Number of cases notified (not compulsorily notifiable), ...	271
(b) Number of deaths, ...	15
(1) From Whooping Cough, ...	0
(2) From Sequelæ, ...	15
(c) Number of cases removed to Hospital, ...	23
(d) Number of domiciliary visits, ...	308
(e) Details of special staff, if any, engaged for epidemics; see note under "Measles."	

(15) Ophthalmia Neonatorum.

(a) Number of cases notified, ...	42
(1) By doctor, ...	5
(2) By midwife, ...	25
(3) By institution, ...	12
(b) Number of cases in which infection was gonococcal, ...	22
(c) Number treated in residential institution, ...	0
(d) Number of cases in which there was appreciable loss of vision, ...	0

10 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) Maternity Hospitals.

(18) Hospitals for Sick Children.

Barshaw Maternity and Child Welfare Hospital.

A very full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland, has been prepared by Dr. Barbara K. Nicholson, Resident Medical Officer, and will be found in Part II. of the Report. Medical practitioners will find the full clinical notes of special interest. Here, I need only refer to the principal figures and comment briefly on the year's work.

Maternity Wards—30 Beds.

	1922.	1927.	1928.	1929.	1930.	1931.
Number of admissions,	233	535	483	549	611	605
Ante-natal, ...	83	206	164	166	162	192
In labour, ...	147	287	260	326	381	357
Post-natal, ...	3	2	5	7	2	4
Abortions, ...	11	40	54	48	62	52

The year under review shows a very high total of admissions to the Maternity Wards. Although the total number is 5 less than the record total for 1930, it should be remembered that in January,

1931, the Local Authority decided not to admit any more cases from Renfrew County; these County cases averaged 45-50 per year, so that a record number of Paisley cases were treated during 1931. Of the total admissions, 157 were sent to Hospital by medical practitioners—the lowest number since 1924—446 were referred from the Ante-Natal Clinics, 1 was transferred from another hospital, and 1 was admitted as an emergency case. 5 cases were admitted from outwith the Burgh, as compared with 42 cases during 1930.

The very high total of admissions to the Maternity Wards justifies a repetition of the plea put forward in previous Reports that the Local Authority should consider seriously the question of providing more accommodation for such cases. On repeated occasions during the last four years the hospital had had to accommodate more than its official number of patients, and many cases of abortion have had to be refused admission. The steady development of the work at the Ante-Natal Clinics, the education of the public to the advantages of institutional treatment, and the high percentage (62 per cent.) of one—and two—apartment houses in the Burgh are the main factors which are responsible for the steadily increasing demand for an increase in the accommodation for mothers. It should be appreciated that, owing to the grave risks of puerperal infection, overcrowding of maternity wards is distinctly more dangerous than overcrowding of wards in an ordinary general hospital. I would also again direct the attention of the Local Authority to the inadequate and unsuitable accommodation for the staff. At the present time, whatever the necessity, not a single extra nurse can be accommodated in the hospital. Accommodation for two or three extra nurses is urgently required if the present standard of treatment of the patients is to be maintained.

The Ante-Natal Ward continues to serve as a valuable and very necessary adjunct to the Ante-Natal Clinics; 192 cases were admitted during 1931, the second highest number on record. In recent years, in addition to the three weekly Ante-Natal Clinics held at the Russell Institute, another weekly Clinic has been held at the hospital, where the Resident Medical Officer sees patients referred to her by medical practitioners for advice and treatment. During 1931, 526 attendances were recorded at this Clinic—a record total, which is a pleasing tribute to the relations between the local medical practitioners and the Resident Medical Officer.

The number of cases of abortion was 53. No deaths have occurred in the 374 cases treated in the hospital during the past 10 years, and all cases have made good recoveries. Institutional treatment of such cases, resulting as it does in a reduction of maternal morbidity, is undoubtedly justified, and it is unfortunate that, owing to lack of accommodation, so many cases have had to

be refused. When no accommodation is available at Barshaw, cases are referred, if possible, to the Royal Alexandra Infirmary, or to Craw Road Institution.

The number of confinements was 475, a record total; there were 256 normal deliveries without medical assistance, 131 normal deliveries requiring some form of medical assistance, and 88 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 4.6 per cent., the rate for normal deliveries, 3.1 per cent., and the rate for abnormal deliveries, 11.2 per cent.; the corresponding rates for 1930 were 4.6 per cent., 3.4 per cent., and 8 per cent. If extra-genital causes of morbidity are excluded, the rate for normal deliveries is 1.03 per cent., and for abnormal deliveries, 2.2 per cent. Details of these cases, and their classification, will be found in Part II. of the Report.

There were 16 still-births, giving a still-birth rate of 3.3 per cent., as compared with a rate of 7.5 per cent. in 1929; this is the lowest rate on record. The neo-natal death rate, i.e., deaths of infants under 8 days, was 2.7 per cent., compared to 6 per cent. in 1930 and 3.1 per cent. in 1929.

There were 5 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.8 per cent., the same rate as for 1930. The causes of death were as follows :—Post-partum shock (2), post-partum Hæmorrhage and Shock (1), Eclampsia (1), Toxæmia of Pregnancy (1). Details of these cases will be found in Part II. of the Report.

Dr. Donald McIntyre, Consultant Obstetric Surgeon, was called to the hospital on 37 occasions, and his work may be summarised as follows :—57 consultations, 6 minor operations, and 13 major operations.

It was with great regret that, early in the year, the Local Authority accepted the resignation of Dr. Mary. Y. M. Stevenson, who for three years had acted as Resident Medical Officer at Barshaw Hospital and also as Assistant Medical Officer under the Maternal and Child Welfare Scheme. During her service, the work at Barshaw Hospital increased steadily each year, and she was also responsible for ante-natal and children's clinics, and for opening a new post-natal clinic at the Russell Institute. Dr. Stevenson was a very keen and conscientious officer and a loyal colleague who gave entire satisfaction in all her varied duties.

In May, 1931, Dr. Barbara K. Nicholson was appointed to succeed Dr. Stevenson, and her fine record of work during the year has shown that the Local Authority were very fortunate in their choice.

I have once again to thank Miss Lang, Matron, and her staff for the keenness and efficiency with which they tackled a very heavy year's work.

Children's Ward—10 Beds.

When the hospital was opened, two wards were set aside for children—one for medical cases, and one for minor surgical cases. Since 1926, owing to the increased demand for accommodation for maternity cases, there has been only one ward of 10 beds available, and this has been used chiefly for minor surgical cases.

The number of admissions was 258, compared with 234 in 1930; of these, 29 were medical cases, and 229 surgical cases. Of the total, 31.7 per cent. were under 1 year, 27.5 per cent. between 1 and 3 years, and 40.6 per cent. between 3 and 5 years. The average duration of residence was 17.1 days for the medical cases, and 8.2 days for the surgical cases. 23 cases were recommended for admission by medical practitioners, 216 cases were referred from the Child Welfare Clinics, while 19 infants were transferred from the maternity wards. There were 8 deaths, 7 medical cases and 1 surgical case, the causes being Prematurity (4), Marasmus (2), Hare Lip and Cleft Palate (1), Septic Pneumonia after Tonsillectomy (1).

Of the 29 medical admissions, 16 were cases of prematurity, 7 debility, 4 marasmus, 1 spastic paralysis, 1 hare lip and cleft palate.

The work of the surgical ward was again well maintained, 315 operations, chiefly of a minor nature, being performed, as compared with 273 during 1930; this is a record total of operations. Operations on "indoor" cases numbered 240, while "outdoor" cases numbered 75; "outdoor" cases are not formally admitted to hospital, but are brought to hospital early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 138 cases of tonsils and adenoids were operated on; these cases are detained, on an average, for 5 or 6 days. The work also included 70 cases for circumcision, 19 abscesses, 17 inguinal hernia, 3 hydrocele, and 32 cases of talipes, treated by the application of plaster or splints. Apart from operations, the "outdoor" work involved 41 consultations with Dr. Andrew Hutton, surgical specialist to the children's ward, who is again to be congratulated on a record year's work; this work has real, preventive value, and forms a most useful and very necessary adjunct to the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household

income; the great majority, of course, receive at least £2 as Maternity Benefit. During 1931 £893 was collected, as compared with £908 in 1930, £846 in 1929, £788 in 1928.

I subjoin the new scales of contributions which, after very careful consideration, were approved by the Local Authority in March, 1932:—

Scale of Contributions for Maternity Cases.

(1) Cases under necessitous scale, with no maternity benefit—No charge.

(2) Cases under necessitous scale, with maternity benefit—30/- per case.

(3) Non-necessitous cases with income under 40/- per week, plus maternity benefit—42/- per case.

(4) Non-necessitous cases with income between 40/- and 50/- per week, plus maternity benefit—54/- per case.

(5) Non-necessitous cases with income between 50/- and 60/- per week, plus maternity benefit—68/- per case.

(6) Non-necessitous cases with income over 60/- per week, plus maternity benefit—95/- per case and upwards.

(7) Cases receiving two maternity benefits—20/- extra per case.

Scale of Contributions for Ante-natal, etc., Cases.

(1) Cases under necessitous scale—No charge.

(2) Non-necessitous cases with income under 40/- per week—4/- per week.

(3) Non-necessitous cases with income between 40/- and 50/- per week—6/- per week.

(4) Non-necessitous cases with income between 50/- and 60/- per week—11/6 per week.

(5) Non-necessitous cases with income over 60/- per week—20/- per week and upwards.

Note.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

(17) Homes for Unmarried Mothers.

(19) Convalescent Homes.

(20) Boarding-out.

(21) Home Helps.

(22) Educational.

(23) Note of Other Agencies Associated With the Scheme.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Auchentorlie House for unmarried mothers, where there are between 30 and 40 confinements annually. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland), 1929.

These regulations came into force on 1st October, 1929. The treatment and preventive facilities provided by the Local Authority have already been described in the section of the Report dealing with Infectious Diseases.

(1) Total number of cases:
- (a) Puerperal Fever, ... 7
- (b) Puerperal Pyrexia, ... 33

(2) Total number of cases removed to the Infectious Diseases Hospital:
- (a) Puerperal Fever, ... 7
- (b) Puerperal Pyrexia, ... 4

(3) Total number of deaths:
- (a) Puerperal Fever, ... 4
- (b) Puerperal Pyrexia, ... 0

(4) Number of cases of instrumental delivery:
- (a) Puerperal Fever, ... 1
- (b) Puerperal Pyrexia, ... 9

(5) Number of deaths occurring under (4):
- (a) Puerperal Fever, ... 1
- (b) Puerperal Pyrexia, ... 0

(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners:

	Puerperal Fever.	Puerperal Pyrexia.
(a) Consultant service, ...	0	1
(b) Bacteriological Examinations, ...	0	0
(c) Skilled nursing at home, ...	0	0
(d) Hospital treatment, ...	5	4

(25) Other Provisions.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia, Enteritis, and Ophthalmia Neonatorum.

Midwives and Maternity Homes (Scotland) Act, 1927.

This Act came fully into operation on January, 1928: it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There are

two registered Maternity Homes in the area—(1) a Private Nursing Home which has five rooms available for maternity cases, and (2) a Home conducted by a midwife who has accommodation for two cases. Both homes were visited during the year. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Susan M. MacMurray and the staff of Health Visitors, who tackled their increased duties most effectively throughout the year.

PREVENTION AND CONTROL OF TUBERCULOSIS.

Staff.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

The appointment of an additional Assistant Medical Officer in October, 1930, enabled a very desirable re-organisation of the work under the Tuberculosis Scheme to be carried out. Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is now responsible for all the clinical work under the scheme, which formerly was divided between three medical officers. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to Gockston Tuberculosis Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are of course very obvious, and the work under the Tuberculosis Scheme is now effectively co-ordinated.

Incidence of the Disease.

The principal statistics for the year are as follows :—

Pulmonary Tuberculosis.—At the beginning of the year, there were 541 cases under observation; 110 cases were notified

during the year; there were 50 deaths; at the end of the year, 482 cases remained under observation. 102 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.57 per thousand, the second lowest rate on record; in 1930, this rate was 0.76 per thousand; the average rate for the past 12 years is 0.81.

The number of notifications was below the average number, which for the past 12 years is 127.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 496 cases under observation; 73 cases were notified during the year; there were 22 deaths; at the end of the year, 498 cases remained under observation. 35 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was rather below the average number, which for the past 12 years is 81.

The death rate for all forms of tuberculosis was 0.82 per thousand, which is the lowest rate on record; in 1930, this rate was 1.13 per thousand; the average rate for the past 12 years is 1.16 per thousand.

Age Incidence of Cases Notified during 1931.

Age Periods.	Pulmonary.	Non-Pulmonary.
Under 1 year, ...	0	3
1 to 5 years, ...	1	17
5 to 15 years, ...	9	26
15 to 25 years, ...	25	16
25 to 45 years, ...	51	8
45 to 65 years, ...	22	2
Over 65 years, ...	2	1

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification.:

Abdomen, ...	18
Meninges, ...	14
Glands, ...	19
Bones, ...	3
Joint, ...	7
Spine, ...	2
Generalised, ...	2
Eyes, ...	0
Abcesses, ...	5
Genito-urinary, ...	1
Skin	2

As regards occupation, the principal figures are as follows:

Scholars, ...	36
Houseworkers, ...	28
Labourers, ...	17
Threadworkers, ...	13
Engineers, ...	10
Clerks, ...	10

Housing and Economic Factors.

The following table shows the relation of the housing and economic factors to the incidence of 150 cases notified and investigated during the year:—

Houses.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income. Under £2	Between £2 and £3	Over £3
1 Apartment, ... *(14.3 per cent.)	29	19.3	4.2	19	9	1
2 Apartments, ... (47.9 per cent.)	83	55.3	5.1	18	27	38
3 Apartments, ... (22.1 per cent.)	32	21.3	6.1	3	7	22
Over 3 Apartments, (15.7 per cent.)	6	4	6	0	1	5

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 33.

Investigation was also made regarding the sleeping accommodation of 150 cases notified during the year and the results may be summarised as follow:—

(1) At the time of notification 84 cases shared a bed.
(2) At the time of notification 36 cases occupied a bed alone but shared a room.
(3) At the time of notification 30 cases were the sole occupants of a room.

The allocation of tenants for the recent scheme of 500 new houses, which was undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, was left in the hands of the Medical Officer of Health and the Sanitary Inspector. Accordingly, the opportunity was taken during the year to re-house in this scheme 59 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. At the end of the year, there were still 177 applications for re-housing from tuberculous families remaining to be dealt with, 40 per cent. of whom were living in overcrowded houses; it is hoped to get most of these families re-housed within the next few years.

Review of the Year's Work.

The work carried out during the year may be reviewed under three headings:

(1) Domiciliary Treatment.
(2) Dispensary Treatment.
(3) Institutional Treatment.

Domiciliary Treatment.

Owing to the high percentage of one—and two—roomed houses in Paisley—62.2 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 31 cases receiving help in this way during 1931. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £45 7s. 0d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1930, there were 64 recipients on the roll of this Fund, during the year no new cases received assistance, and at the end of the year 52 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £616 12s.

(2) **The Renfrewshire Memorial to the late King Edward.**—This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1931, 51 patients in Paisley were assisted as follows:—8 patients re-

ceived assistance in the shape of rent payments; 27 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 9 patients received dental treatment; 6 patients were provided with bed and bedding; 1 patient was assisted in the purchase of an artificial limb. £213 16/- was spent on these various services during 1931.

(3) **The United Services Fund, Earl Haig Fund, etc.**—These Funds are administered by the Paisley Ex-Servicemen's Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants have to be recommended in the first place by the Public Health Department. Mr. A. C. Wilson, the keen and energetic Honorary Secretary and Treasurer of the Committee, reports as follows regarding the assistance rendered by his Committee to tuberculous ex-Servicemen during 1931:—"Between 30 and 40 cases have been assisted, and grants to over £200 have been made. Assistance has been given to quite a number who have removed to the new Corporation houses by paying a quarter's rent, and supplying bedsteads, etc., and this I know has been greatly appreciated. In addition to this, clothing and nourishment have been supplied. Again I wish to place on record the appreciation of my Committee for the valuable assistance rendered by the Staff of the Public Health Department."

All application for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1928.	1929.	1930.	1931.
Total Attendances, ...	2,533	2,438	2,400	2,448
Average Monthly Attendances, ...	211	203	200	204
Primary Consultations, ...	132	169	118	133

Of the new cases, 14 came to the Dispensary of their own accord, 58 were referred by medical practitioners, 29 by the Public Health Staff, 4 by the School Medical Officers, while 28 patients were referred on their discharge from hospitals and sanatoria. There was a gratifying increase in the number of cases referred by medical practitioners, 58 compared to 27 during 1930.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 266 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register no fewer than 138 patients.

X-Ray Diagnosis.

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

During 1931, there was a marked increase in the work of this Department. 878 patients attended for examination, as compared with 464 during 1930; of these, 194 cases were referred by medical practitioners, 427 cases by the Public Health Staff, and 257 cases by the County Tuberculosis Officer. The increase in the number of cases referred by medical practitioners, 194 cases, compared with 83 cases in 1930, is particularly gratifying. 1,527 plates were taken, compared with 852 plates in 1930.

In Dr. Whiteford's interesting report of the work done in this Department, attention is directed to the X-Ray work carried out for the various municipal hospitals, of which perhaps the most interesting feature is that 14 maternity cases were referred from Barshaw Maternity Hospital for diagnosis of type of pregnancy. The work done for cases in the pneumonia ward of the Fever Hospital is also most valuable, and is of the greatest assistance in clearing up the diagnosis of obscure chest conditions. Dr. Whiteford's appointment as Visiting Physician to the Sanatorium Wards in Craw Road Institution ensured, as his Report shows, full use being made of the facilities available for X-Ray diagnosis for the patients treated in that Institution.

Dr. Whiteford's Report is as follows :—

"The X-Ray Department, which works in collaboration with the Tuberculosis and the Maternal and Child Welfare Departments, has been working at fairly high pressure during the year—so much so that an additional X-Ray tube was found to be necessary for expedition in covering the work. The times of the two weekly sessions are as formerly :—Monday, at 11 a.m., and Thursday at 2 p.m. Further, to facilitate working, it has been

arranged, as far as possible, to reserve Monday sessions for bone radiography, and Thursday sessions are devoted to chest radiography with an Artificial Pneumothorax Clinic immediately following.

"For the year, there was a total of 878 patients X-Rayed—427 referred through the Burgh Public Health Department, 194 by general practitioners in the Burgh, and 257 by the Renfrewshire County Health Department, with a total of 1527 plates taken. This compares with 464 patients and 852 plates taken for the year 1930.

"The table below gives an analysis of cases:—

	Chest.	Spine.	Hip and Pelvis.	Bones & Joints.	Skull.	Total Patients.	Total Plates.
Practitioner's Cases, ...	179	7	2	5	1	194	391
Burgh Health Dept. Cases,	295	31	36	59	6	427	704
County Health Dept. Cases,	237	6	4	9	1	257	432
Total,...	711	44	42	73	8	878	1527

"Included in the 427 cases referred by Medical Officers of the Burgh Health Department are 29 referred from the Maternity and Child Welfare Hospital at Barshaw. From the children's wards were sent 2 cases for X-Ray of the chest, 1 for a spinal condition, 2 for hip-joint disease, 2 for other bone lesions, and 1 for osteoporosis of the skull. The remaining 21 were maternity cases and included 6 cases referred for diagnosis of chest conditions, 14 cases for diagnosis of type of pregnancy, and 1 case for diagnosis of a bone lesion.

"35 cases from the wards at the Infectious Diseases Hospital, Bridge Street, were referred for X-Ray diagnosis—4 children for bone conditions, and 31 cases for chest conditions. This is an excellent arrangement for clearing up any obscure diagnosis in chest conditions, e.g., after pneumonia. The patients on discharge are recommended to attend the Tuberculosis Dispensary for observation, re-examination at intervals, and, if considered feasible, for Ultra-Violet Light Treatment. In this way a complete record is kept from the commencement of the pneumonia or other chest condition, until a final diagnosis is arrived at, and the patient is kept on treatment until quite recovered, or, if a diagnosis of tuberculosis is made, is sent into the sanatorium wards for further treatment.

"86 cases were sent from the tuberculosis wards at Craw Road Institution for X-Ray diagnosis; 32 for chest conditions, 16 for spinal disease, 15 for disease of the hip-joint or pelvis, 22 for other bone lesions, and 1 for caries of the bones of the skull."

Artificial Pneumothorax Treatment.—The X-Ray facilities at the Russell Institute, and the appointment of Dr. Whiteford as Clinical Tuberculosis Officer, enabled the Tuberculosis Staff to commence Artificial Pneumothorax Treatment of cases of Pulmonary Tuberculosis early in the year. It is agreed that this treatment in suitable cases gives more encouraging results than any other, and Dr. Whiteford is to be congratulated on his new venture. The new work was commenced primarily for the benefit of patients who had been discharged from Bridge-of-Weir Sanatorium after a course of such treatment, but it is hoped, as experience is gained, to develop it for suitable cases among the patients in the local Tuberculosis Hospitals. The most suitable cases for this type of treatment are those in which the disease is confined to one lung.

Dr. Whiteford's Report is as follows:—

"During the year a start was made with Artificial Pneumothorax Treatment of cases of Pulmonary Tuberculosis. This treatment has made great advances in the last few years and is the most up-to-date weapon in the armamentarium of a modern Tuberculosis Department.

"The rationale of the treatment is to introduce air into the pleural cavity and thus gradually collapse the diseased lung by increasing the intrathoracic pressure. The lung is in this way put out of action and kept at physiological rest just as splinting a fractured bone keeps the injured parts from moving and causing further damage.

"Since February, 1931, patients discharged from sanatoria after a course of Artificial Pneumothorax treatment have had their refills continued at a special clinic session at the Russell Institute on Thursdays. This entails refilling with air, and making an X-Ray observation of the condition. These refills and X-Ray controls are arranged according to the progress of the patients—some attending weekly, some fortnightly and some at longer intervals.

"Six patients from outside sanatoria have attended the clinic, and 87 refills have been given during the year. Four of these patients are very well and continuing to have refills at regular intervals. One patient defaulted and brought the treatment to end prematurely. The other case, which was complicated by the

presence of fluid in the chest, did not do so well, a tuberculous pyopneumothorax developing despite repeated aspiration of the fluid. He was removed for sanatorium treatment and is now fairly well.

"In our own local sanatorium wards induction of Artificial Pneumothorax was successfully attempted in 5 cases. In each case there was initial improvement—cessation of cough and night sweats, and diminution of sputum. One case died after the disease had flared up in the other lung. Another case, greatly improved while in the sanatorium, defaulted after being discharged. In two cases treatment was abandoned—in one because of pain consequent on the stretching of large adhesions; in the other after pleural shock. The fifth case still attends the clinic for refills and has not deteriorated since discharge from the sanatorium. A total of 78 refills was given to these cases during the year."

Artificial Sunlight Treatment.—Artificial Sunlight Treatment for cases coming under the Tuberculosis Scheme was continued on the usual lines during 1931.

Dr. Whiteford submits the following interesting Report on the work:—

"During 1931, 210 cases under the Tuberculosis Scheme received treatment in the Artificial Sunlight Department at the Russell Institute, as compared with 161 cases during 1930. The total number of exposures was 5414, as compared with 4516 during 1930. These cases, while undergoing treatment are reviewed at a special Sunlight Clinic session on Wednesday afternoons.

"The clinic functions for the treatment of notified cases of certain types of non-pulmonary tuberculosis, and also for cases designated "pre-tuberculous," in whom no definite clinical signs of active tuberculosis have been found.

"Most cases of non-pulmonary tuberculosis derive undoubted benefit from artificial sunlight. Enlarged glands become smaller, and this is aided by injecting Ethidol into the gland during the course of treatment; discharging sinuses heal up; and chronic ulceration and other painful conditions are eventually cleared up. In the case of the "pre-tuberculous" patient the treatment acts as a general tonic, and the specific condition, anæmia, bronchial catarrh, etc., is improved.

"The patients dealt with at the clinic are drawn from the following sources:—Burgh Health Department, County Health Department, School Medical Service, and general practitioners.

"The sub-joined table gives particulars of the work done during the year under review:

		Recommended by Burgh Health Dept.		Recommended by County Health Dept.		Recommended by Medical Practitioners.	
		Cases continued from 1930.	New Cases.	Cases continued from 1930.	New Cases.	Cases continued from 1930.	New Cases.
Non-Pulmonary Tuberculosis.	Improved: Treatment suspended,	8	9	5	1	3	4
	Treatment continued into 1932, ...	1	14	2	3	3	11
	Ceased attendance prematurely, ...	8	17	—	8	11	15
	Transferred to Hospital, ...	4	2	—	—	—	3
Pre-Tuberculous Cases.	Improved: Treatment suspended,	—	1	—	—	3	7
	Treatment continued into 1932, ...	2	11	—	—	—	—
	Ceased attendance prematurely, ...	12	25	—	—	4	13
	Transferred to Hospital, ...	—	—	—	—	—	—

"The total number of cases was 210, including 144 new cases, and 66 cases continuing treatment from 1930. The new cases included 87 cases of non-pulmonary tuberculosis and 57 cases labelled as 'pre-tuberculous,' and of the cases continuing from 1930 there were 57 cases of non-pulmonary tuberculosis and 21 'pre-tuberculous.'

"As before, in the table above and analysis of cases hereunder, the heading 'Improved: treatment suspended' is used with reference to cases deemed to have been rendered quiescent or

apparently cured, and whose treatment was accordingly suspended. 'Treatment continued into 1932' refers to cases whose condition being stationary or only slightly improved, were considered to require further treatment. The heading 'Ceased attendance prematurely' refers to those patients who defaulted, contrary to expressed medical advice. 'Transferred to hospital' refers to those cases whose progress was not satisfactory and whose condition required a period of institutional treatment either for operative interference or rest and recuperation.

Analysis of Cases and Results.

	Improved: Treatment suspended.	Treatment continued into 1932.	Ceased attendance prematurely.	Transferred to Hospital.
Pre - Tuberculous Cases (78), ...	11	13	54	—
Tuberculous Adenitis (52), ...	12	15	23	2
Tuberculosis of Abdomen (41), ...	8	8	21	4
Tuberculosis of Bones and Joints (9), ...	6	2	1	—
Lupus and Allied Conditions (21), ...	3	5	10	3
Other Conditions (9),...	1	4	4	—

"In addition to the above there were 18 cases of non-tuberculous conditions referred by the School Medical Services, the outcome of whose treatment is dealt with under the Child Welfare section of the Report.

"The problem of the defaulter remains very prominent. Every effort is made to accommodate patients as regards day and hour of attendance, where home conditions are difficult, e.g., where a mother has to arrange for the care of younger children while she attends at the clinic for treatment for herself or for another child. Even then there is difficulty in keeping them up to scratch. In other cases there seems to be a gradual waning of enthusiasm when the condition is stubborn and the course of treatment becomes extended. Another factor, and a long recognised one, is that many patients expect medicinal treatment, and the old prejudice that, without a bottle of medicine, there cannot be a cure, causes a big proportion of the default. In all cases the patient has his or her condition explained, and is earnestly exhorted to persevere, the ultimate benefit of continuity of treatment being stressed.

"For cases of non-pulmonary tuberculosis a system of treatment consisting of bi-weekly exposures, 15 to 20 in number, fol-

lowed by a rest of two weeks has been tried. For the pre-tuberculous cases a course of three months, i.e., 24 exposures is given and after examination it is decided whether or not further exposures are necessary.

"The sources of Ultra Violet Light used are the Quartz Mercury Vapour Lamp and the Carbon Arc Lamp. The Mercury Vapour Lamp is used for cases who are considered not to require a long course of treatment. The Carbon Arc Lamp is used in the definite tuberculous cases and in those cases whose cure is likely to entail a lengthy course with long exposures to the Ultra Violet Light.

"The results are good in those cases who persevere in attendance, and the 'Sunlight' treatment is considered one of the best means we have of toning up the health generally—maintaining and improving the standard of health in tuberculous cases, rendering quiescent localised lesions, and increasing the general powers of resistance in pre-tuberculous cases."

Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 698 cases of pulmonary tuberculosis who died during the ten years, 1922 and 1931:—

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths, ...	99	14.1
Death occurring within 1 month of notification, ...	93	13.3
Death occurring within 1 to 3 months of notification, ...	107	15.3
Death occurring within 3 to 6 months of notification, ...	85	12.1
Death occurring within 6 to 12 months of notification, ...	58	8.3

In the remaining 256 cases—36.6 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 54.8 per cent. of the deaths from Pulmonary Tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

Institutional Accommodation Available for Paisley Cases.

Gockston Hospital.—30 beds, under the control of the Local Authority. This hospital serves as a "clearing house," where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge-of-Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1931 are as follows :—

In hospital at beginning of year, 21—12 males, 9 females.
Admitted during the year, 58—34 males, 24 females.
Deaths during the year, 17—11 males, 6 females.

Craw Road Institution.—30 beds, under the control of the Local Authority, acting for the joint owners, Renfrew County Council, Town Council of Glasgow, and Paisley Town Council. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to provide additional accommodation in the wards of the main hospital, and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1931 are as follows :—

In hospital at beginning of year, 40—19 males, 21 females.
Admitted during the year, 66—39 males, 27 females.
Died during the year, 18—12 males, 6 females.

Bridge-of-Weir Sanatorium.—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1931 are as follows :—

In hospital at beginning of year, 15—9 males, 6 females.
Admitted during the year, 13—7 males, 6 females.
Deaths during the year—Nil.

Peesweep Sanatorium.—18 beds, under voluntary control. This is a most admirable institution, maintained by the large Thread Mills for the benefit of their female employees, and. under the medical supervision of Dr. Joshua Ferguson, excellent work is carried on. The Institution is very popular among the workers, and, as a result, the accommodation is practically always fully utilised, only 1 new case from Paisley being admitted during 1931.

Biggart Memorial Homes, Prestwick.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases, excellent results are obtained. During 1931, 4 cases were admitted.

St. Andrew's Home, Millport.—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1931, 2 cases from Paisley were admitted.

Proposed Joint County Sanatorium.—The year under review saw the final abandonment of this ill-starred venture. Tenders for the erection of the proposed institution had been lodged, and were under consideration, when the National economic crisis arose in the autumn, and ultimately the Joint Sanatorium Board agreed by a majority to abandon the scheme.

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are to be heartily congratulated on a splendid record of work during the year; the reorganisation of the scheme, to which allusion has already been made, was tackled in a whole-hearted manner with excellent results.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows :—

(1) **Facilities for Laboratory Diagnosis.** — Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.

(2) **Supplies of Salvarsan, etc.**, are available free of charge for the use of duly qualified medical practitioners.

(3) **Clinic for Outdoor Cases at Craw Road Institution.**

(4) **Ward Accommodation in Craw Road Hospital.**

(5) **Educational and Publicity Campaign.**

Laboratory Diagnosis.—During the year, 365 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total, 227 specimens came from the Municipal Clinic, and the indoor wards, and 138 specimens from medical practitioners. The Staff at the Clinic examined 1,229 specimens, and 117 specimens were examined in the laboratory at the Fever Hospital. Total examinations, therefore, numbered 1,711, which is easily a record total.

Supplies of Salvarsan, etc., to Medical Practitioners. — 263 doses were supplied during the year to 13 medical practitioners.

Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1931 :—

(1) No. of New Cases, 220.

	Syphilis.	Gonor. rhœa.	Soft Sore.	Mixed. Infections.	Other Diseases.	Total.
Males, ...	19	97	1	7	31	155
Females, ...	7	38	0	4	16	65
	26	135	1	11	47	220

(2) Total attendances, 17,533.

Males, ...	960	11,258	33	1,423	93	13,767
Females, ...	738	2,708	0	294	26	3,766
	1,698	13,966	33	1,717	119	17,533

(3) Average daily attendances, 48.7.

(4) Cases from outwith Paisley, 59.

Johnstone, 14; Renfrew, 14; Barrhead, 9; Greenock, 3; Kilbarchan, 3; Glasgow, 3; Elderslie, Neilston, Renfrew County, 2 each; Inkermann, Linwood, Milliken Park, Lochwinnoch, Bridge-of-Wei West Kilbride, Bearsden, 1 each.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, ...	1,229
Specimens sent to Glasgow Laboratory, ...	227
Total, ...	1,456

As compared with 1930, new cases showed a decrease of 12; new cases of syphilis, 26, were well below the average number, while new cases of gonorrhœa, 135, were above the average number.

The increase in cases of gonorrhœa among women during the last two years has been rather striking, and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff. Not only has the number of new cases increased, but during recent years the attendances of the female patients have shown an even more marked increase, the number during 1931 being 3,766, as compared with 1,289 during 1928. Needless to say, this increase in attendances is very satisfactory, indicating that the female patients are now becoming educated to the benefits of, and the necessity for, sustained treatment for these diseases.

Total attendances again reached a record total of 17,533, fully 3,000 more than the previous highest total; such a total is most satisfactory, especially in view of the decreased number of new cases.

The average daily attendances also set up the record figure of 48.7, as compared with 40.1 for 1930, 37.9 for 1929, and 21 for 1923.

The number of laboratory specimens examined by the Staff was also easily the highest on record; this work, chiefly carried out by Mr. McGeechan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock. Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1931, 40 patients received treatment, as compared with 61 during 1930; the average number for the past nine years is 52. Of the total, 30 were Paisley cases, 3 were Greenock patients, 2 were Renfrew cases, 2 were Bearsden cases, while Johnstone, Bishopton and Neilston each contributed 1 patient.

A welcome feature of the work in these wards was that 11 infants were born there during the year; there were also 2 still-births. These are welcome figures, indicating that the mothers are gradually becoming educated as regards the success which attends the treatment of syphilis in pregnant women, and also that co-operation with the Maternal and Child Welfare staff is real and active.

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is to be heartily congratulated on the fine record of work set up during his first year of duty. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

Progress continues to be made with the various Corporation Housing Schemes. During 1931, 220 new houses were completed and occupied at Brediland, Crossflat, and Auchentorlie, and 31 houses were built by private enterprise; during the same period 86 uninhabitable houses were closed, and 51 houses were also closed for purposes of street improvement.

Housing progress since the War can be judged from the table given below for which I am indebted to Mr. James Lee, Master of Works:—

Number of Houses erected and occupied within the Burgh, 1919 to 1931.

Year.	Erected by— Private Enterprise.						Local Authority.				Grand Total
	2-apt.	3-apt.	4-apt.	5-apt.	Over 5.	Total.	2-apt.	3-apt.	4-apt.	Total.	
1919,	...	2	...	...	...	2	...	...	...	...	2
1920,	...	3	1	1	...	5	...	...	...	...	5
1921,	...	1	...	1	1	3	...	92	...	92	95
1922,	...	...	3	2	...	5	...	86	38	124	129
1923,	...	...	4	14	3	21	...	102	52	154	175
1924,	1	9	9	13	9	41	48	66	...	114	155
1925,	...	23	20	35	1	79	120	62	...	182	261
1926,	...	6	5	21	3	35	72	76	...	148	183
1927,	...	7	17	39	2	65	182	186	...	368	433
1928,	...	9	18	26	4	57	233	275	...	508	565
1929,	2	4	24	26	5	61	208	214	...	422	483
1930,	...	1	9	9	19	38	238	...	...	238	276
1931,	...	5	13	12	1	31	46	174	...	220	251
Total,	3	70	123	199	48	443	1147	1333	90	2570*	3013

* This figure includes 102 houses built under Slum Clearance Scheme, and also 286 houses built during 1930 and 1931 for dispossessed tenants.

As regards uninhabitable houses, Mr. Kelso, Chief Sanitary Inspector and Executive Officer under the Housing Acts, estimates that at the end of 1931 there were 236 houses unfit for human habitation. During the year, 86 closing and demolition orders were made under Section 16 of the Housing (Scotland) Act, 1930.

At the end of 1931, a review was made of the housing problem, and I subjoin a copy of an exhaustive Report on "Housing Conditions and Requirements," which was submitted to the Local Authority by Mr. Kelso and myself in January, 1931. After careful consideration, the Local Authority decided to proceed as quickly as possible with schemes for 374 houses, the balance of the scheme for 750 houses approved by the Local Authority in November, 1930, and they also agreed to submit to the Department of Health for Scotland a further Provisional Scheme for 500 additional houses.

Burgh of Paisley.

Housing Conditions and Requirements.

Report by the Medical Officer of Health and Chief Sanitary Inspector.

In accordance with the remit from the Housing Sub-Committee, dated 18th January, 1932, we submit the following report on housing conditions and requirements:—

Estimate of shortage of houses, as at 31st December, 1931.

Our estimate of the number of houses required at 31st December, 1931, to meet the needs of the district is as follows:—

(a) To replace houses unfit for human habitation,...	236
(b) To abate overcrowding, ...	1,200
(c) To meet the normal growth of the population (per year),...	36
Total, ...	1,472

The estimate for the number of houses required to abate overcrowding is based (1) on the list of applications for new houses which have been lodged with the Town Clerk by persons who at present have no house and by persons who at present have 1-apartment houses (see Appendix A), and (2) on the evidence of overcrowding revealed in the applications for new houses at present lodged with the Medical Officer of Health (see Appendix B). In our opinion, this estimate may be regarded as a minimum figure, and may require to be revised later in the year, when the official Census figures regarding overcrowding are published.

Housing Schemes at present in course of erection.

Two housing schemes are at present in course of erection.

(1) **Scheme of 486 houses.**—At 31st December 1931, 390 houses in this scheme had been completed and occupied, leaving

96 houses still to be completed. This scheme was undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses.

(2) **Scheme of 750 houses.**—This scheme was approved by the Local Authority in the later months of 1930. Of this scheme, 222 houses are at present in course of erection at Shortroods, and tenders for another 154 houses at Brediland have been issued, while arrangements for the remaining 374 houses have still to be made.

Further schemes required to meet estimated shortage.

If our estimate of the housing requirements is accepted, it would appear that, even after the completion of the two schemes at present in course of erection, further provision would require to be made for 626 additional houses.

Report on Housing Applications lodged with the Medical Officer of Health.

This Report, submitted to the Housing Committee in September, 1931, has not yet been fully considered; it has therefore been brought up-to-date, and is reproduced in full in Appendix B. The main points in that Report may be summarised as follows :—

(1) Up to 31st December, 1931, 606 applications have been lodged with the Medical Officer of Health, mainly for health reasons; of these, 194 are already on the Town Clerk's list of applicants for new houses.

(2) 34.5% of these applicants require 2-apartment houses, 49.5% require 3-apartment houses, and 16% require 4-apartment houses.

(3) Of the 606 applications, 236 are from houses in which there is a case of Tuberculosis.

(4) Of the 606 applications, 231 or 38.1% are at present living under overcrowded conditions; the standard of overcrowding adopted was "more than 3 occupants per room." Of the 236 Tuberculosis applications, 95 or 40.3% are at present living under overcrowded conditions.

(5) In the great majority of cases, the household income of applicants appears to be sufficient only for houses of a fairly low rental.

(6) Up to 31st December, 1931, 72 of these 606 applicants have been re-housed, 59 of whom were from Tuberculous households.

Report by the Chief Sanitary Inspector on incomes of families re-housed and on the question of Hostel accommodation.

This Report, submitted to the Housing Committee in June, 1931, has not yet been fully considered; it has therefore been brought up-to-date, and is reproduced in full in Appendix C. Two main points emerge from that Report:—

(1) Analysis of the household incomes of 390 families, who have been re-housed, shows that in 86.2% of cases the household income does not exceed £3 10/- per week.

(2) 40-50 houses of the Hostel type would probably meet the requirements of tenants with exceptionally low incomes. We do not know, however, whether that type of accommodation would be welcomed by people accustomed to having their own house.

Types of houses to be erected.

From the evidence at our disposal, we are of opinion that the allocation of the various types of houses in housing schemes to be undertaken in the near future should be somewhat on the following lines:—

2-apartment houses,	...	...	30%—35%
3-apartment houses,	...	...	50%—55%
4-apartment houses,	...	...	not more than 15%

Conclusion.

(1) Our estimate of the shortage of houses at 31st December, 1931, is 1,472.

(2) Schemes at present in progress provide for 846 houses.

(3) It would appear that, even after the completion of the schemes at present in progress, further provision would require to be made for 626 additional houses.

(Signed) G. V. T. McMICHAEL,
Medical Officer of Health.

(Signed) W. W. KELSO,
Chief Sanitary Inspector.

Public Health Department,
Paisley, 26th January, 1932.

APPENDIX A.

List of Applications in the Town Clerk's Hands on 20th January, 1932.

	Applicants having no houses.	Applicants having house of 1 Apartment.	Applicants having house of 2 Apartments.	Applicants having house of 3 or more Apartments.	Total.
Paisley Soldiers,...	281	153	521	194	1149
Paisley Civilians,...	567	201	877	486	2131
Outside Soldiers,...	38	8	31	49	126
Outside Civilians, ...	88	9	42	56	195
Soldiers' Dependants, ...	16	7	49	30	102
Grand Total, ...	990	378	1520	815	3703

APPENDIX B.

Housing Applications.

Report by the Medical Officer of Health.

In July, 1930, the Local Authority agreed that, in connection with the scheme for 486 houses for the poorer class of tenants, the allocation of tenants for these houses should be left entirely in the hands of the Medical Officer of Health and the Chief Sanitary Inspector. This decision was published in the newspapers, and, as a result, up to 31st December, 1931, 606 applications for these houses have been received.

It will be remembered that the scheme for 486 houses was undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, and it was considered advisable that any houses not taken up by dispossessed tenants should be allocated to applicants mainly for health reasons. Mr Kelso has, of course, dealt with the tenants of uninhabitable houses, while I have dealt with the great majority of those people who applied for health reasons. All applicants were first interviewed, and, thereafter, if the case was considered suitable, they were visited by a Health Visitor who reported on a special form particulars of the household, the sanitary condition of the house, the household income, and the reasons for the applica-

tion. The form was then numbered and classified as follows in accordance with the main reason for the application :—

T.B. I — Cases of Pulmonary Tuberculosis.
T.B. II — Cases of Non-Pulmonary Tuberculosis.
O.D. — Cases of ill-health on account of all other diseases.
O. — Overcrowding.
L. — Applicants living in Lodgings.
S.D. — Sanitary defects.

The following table gives an analysis of the 606 applications received up to 31st December, 1931 ; comparison of these applications with those lodged with the Town Clerk shows that 194 names are on both waiting lists.

Analysis of 606 Applications for New Houses.

Class.	2 Apartments.	3 Apartments.	4 Apartments.
T.B. I., ...	24	26	2
T.B. I. + O., ...	2	27	13
T.B. I. + S.D., ...	7	9	2
T.B. II., ...	21	22	3
T.B. II + O., ...	7	22	24
T.B. II. + L., ...	3	4	1
T.B. II + S.D., ...	4	12	1
O.D., ...	51	56	2
O.D. + S.D., ...	15	25	3
O.D. + O.,...	9	26	6
O., ...	6	28	29
O. + S.D., ...	3	8	4
O. + O.D., ...	2	9	6
L., ...	33	19	0
L. + O.D., ...	8	0	1
S.D., ...	14	7	0
	209 (34.5%)	300 (49.5%)	97 (16.0%)

2 apartment houses were allocated to applicants with not more than 2 children.

3 apartment houses were allocated to applicants whose household consisted of more than 2 children but less than 8 persons.

4 apartment houses were allocated to applicants whose household consisted of 8 or more persons.

Question of Overcrowding. The standard of overcrowding adopted was "more than 3 occupants per room." On that standard, of the 606 applicants, no fewer than 231 or 38.1 per cent. are at present living in overcrowded houses. Still more serious is the fact that, of the 606 applications, 236 are from houses in which there is a case of Tuberculosis, and that 95 of these 236 applications (i.e. 40.3 per cent.) are from overcrowded houses.

Household Income of Applicants. The following table gives an analysis of the household incomes of the 606 applications :—

Analysis of Household Incomes of 606 Applicants for New Houses.

	2 Apartments.	3 Apartments.	4 Apartments.
Under £1 10s. per week, ...	32	13	0
£1 10s. to £2 per week, ...	23	36	5
£2 to £2 10s. per week, ...	51	43	7
£2 10s. to £3 per week, ...	54	55	13
£3 to £3 10s. per week,... ...	29	51	8
£3 10s. to £4 per week, ...	10	36	16
£4 to £5 per week, ...	9	44	23
£5 to £6 per week,...	1	18	12
Over £6 per week, ...	0	4	13
	209	300	97

The above table shows :—(1) of 209 applicants for 2 apartment houses, 189 or 90.4 per cent. have household incomes under £3 10s. per week; (2) of 300 applicants for 3 apartment houses, 198 or 66.0 per cent. have household incomes under £3 10s. per week, and 234 or 78.0 per cent. have incomes under £4 per week; (3) of 97 applicants for 4 apartment houses, 49 or 50.5 per cent. have household incomes under £4 per week, and 72 or 74.2 per cent. have incomes under £5 per week.

Up to 31st December, 1931, 390 of the 486 houses have been completed and occupied. Of these 390 houses, 318 have been occupied by dispossessed tenants, and 72 have been allocated to applicants on my waiting list of 606, which waiting list is being added to every week. It would appear, therefore, that, even after the completion of the scheme for 486 houses, there will be a waiting list of fully 500 applicants, the great majority of whom have been put on that list on the grounds of ill-health.

In view of the information submitted in the Report, it is for the Housing Committee to consider seriously the procedure to be adopted regarding the applicants on this waiting list. Every day I am interviewing these applicants who are all anxious to know when their turn will come for a new house.

In October, 1930, it was agreed to proceed with a new scheme for 750 houses of 2, 3, and 4 apartments of a similar type to those now being built. In my opinion, the Housing Committee should now consider seriously whether, in the allocation of these 750 houses, preference should not be given to at least the most urgent of the cases on my waiting list. With the classification which has been adopted, it should not be difficult to select those classes, e.g., cases of Tuberculosis living in overcrowded houses, etc., which are most necessitous.

In the meantime, I should be glad to have the Committee's instructions on two points:—(1) Am I to continue to receive applications for new houses on the grounds of ill-health? (2) What reply am I to give to enquiries from applicants on the present waiting list as to their prospects of securing a new house?

(Signed) G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Department,
PAISLEY, 26th January, 1932.

APPENDIX C.

SANITARY DEPARTMENT,
PAISLEY, 29th June, 1931.

To the Chairman and Members
of the Housing Committee.

As required by the minute of the last meeting of the Committee I respectfully submit the following report:—

310 families have been or are in process of being accommodated in the 2 and 3 apartment houses at rents of £12 and £14 plus rates. Regarding the incomes of these families, 29 were from 10s. to £1 per week; 3 from £1 to £1 2s. 6d.; 18

from £1 2s. 6d. to £1 5s. ; 16 from £1 5s. to £1 7s 6d. ; 18 from £1 7s. 6d. to £1 10s. ; 7 from £1 10s. to £1 12s. 6d. ; 11 from £1 12s. 6d. to £1 15s. ; 3 from £1 15s. to £1 17s. 6d. ; 27 from £1 17s. 6d. to £2 ; 6 from £2 to £2 2s. 6d. ; 17 from £2 2s. 6d. to £2 5s. ; 8 from £2 5s. to £2 7s. 6d. ; 37 from £2 7s. 6d. to £2 10s. ; 7 from £2 10s. to £2 12s. 6d. ; 9 from £2 12s. 6d. to £2 15s. ; 4 from £2 15s. to £2 17s. 6d. ; 26 from £2 17s. 6d. to £3 ; 2 from £3 2s. 6d. to £3 5s. ; 1 - £3 5s. ; 20 from £3 7s. 6d. to £3 10s. ; 3 - £3 17s. 6d. ; 15 - £4 ; 2 - £4 5s. ; 5 - £4 10s. ; 4 - £4 15s. ; 8 - £5 ; 1 - £5 10s. ; 2 - £6 ; and 1 - £7.

With very few exceptions there are in those families with incomes over £3 10s., from 5 to 11 persons, and they would require houses of 3, 4, or 5 apartments.

Included amongst those with the lowest incomes are 23 in receipt of old age or other pensions or allowances, 17 with incomes of from 10s. to £1 per week ; and 6-£1 2s. 6d. to £1 7s. 6d. per week, the latter being a war widow. Paying rents at present of 3s. to 4s. per week. They are all single persons, with two exceptions, one being a mother and daughter and the other a mother and son. This 23 is equal to about 7½ per cent. of the 310 houses, and as about as many more still require to be dealt with, which may be taken at the same percentage, about 46 houses of the Hostel type would be suitable for the accommodation required.

I have at present no reliable means of estimating the total number of cases in the burgh for which such accommodation might be required, and it appears to me that this will only emerge in future years when similar houses are being dealt with.

(Signed) W. W. KELSO,
Chief Sanitary Inspector.

On this report being considered on 18th inst., I was asked to have it brought up-to-date. Since June other 80 similar houses have been occupied, the incomes of the occupants being as follows :—

1 at £1 2s. ; 1 at £1 10s. ; 7 from £1 10s. to £1 12s. 6d. ; 3 from £1 12s. 6d. to £1 15s. ; 4 from £1 15s. to £1 17s. 6d. ; 3 from £1 17s. 6d. to £2 ; 4 from £2 2s. 6d. to £2 5s. ; 4 from £2

5s. to £2 7s. 6d. ; 19 from £2 7s. 6d. to £2 10s. ; 2 from £2 10s. to £2 12s. 6d. ; 3 from £2 12s. 6d. to £2 15s. ; 1 at £2 17s. ; 7 from £2 17s. 6d. to £3 ; 1 at £3 2s. ; 2 from £3 2s. 6d. to £3 5s. ; 5 at £3 10s. ; 1 at £3 12s. ; 1 at £3 16s. ; 4 at £4 ; 1 at £4 2s 6d. ; 1 at £4 4s. ; 1 at £4 5s. ; 2 at £4 10s. ; 1 at £5 ; 1 at £5 5s.

The paragraph regarding the gross number in receipt of old age or other pensions or allowances, for whom hostel accommodation might be suitable, so far as can be estimated, remains at about the percentage stated.

(Signed) W. W. K.

23rd January, 1932.

MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1931:—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which organs only were Condemned.
Cattle, ...	6,958	202	214	764
Calves, ...	1,705	46	—	8
Sheep, ...	12,748	4	6	284
Swine, ...	3,896	12	7	102
	25,307	264	227	1158

Of the 1,649 diseased animals, 1,331 were affected with Tuberculosis, of which 176 were totally condemned, and 219 partially condemned. The weight of meat condemned during the year was 52 tons, 19 cwts. During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 4 cows in the Public Markets; post-mortem examination at the Slaughter-house showed that all were affected with generalised tuberculosis, and the carcases were totally condemned. Under Article 5 of the Tuberculosis Order of 1925, Mr. Andrew also seized two cows which were found to be in an advanced state of Tuberculosis; both carcases were condemned.

DIABETES—PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Four patients were assisted in this way during 1931.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information:

There are at present 17 registered cowsheds in the Burgh, the average number of cows kept being 353, and the average amount of milk produced being about 779 gallons daily. These were all inspected at least four times during the year, and the results recorded on the score card system; the lowest marks recorded were 76 out of a possible 100.

There are 74 retail dairies on the register; 8 wholesale dealers; 21 shops for the sale of bottled milk; and 26 carts or other vehicles from outside areas registered to sell milk within the Burgh. All these premises were systematically inspected during the year, 408 inspections being made, which represents an average of fully 5 inspections for each dairy. The results of inspection, as recorded on the score card system, ranged from 77 to 100 points.

The daily consumpt of milk within the Burgh is approximately 5,323 gallons, made up of 3,086 gallons bulk milk, and 2,327 gallons bottled milk; the total bottled milk comprises 37 gallons certified milk, 2 gallons Grade A (T.T.) pasteurised, 7 gallons Grade A pasteurised, 1,500 gallons pasteurised milk, and 691 ordinary milk cooled and bottled. These figures represent a daily consumpt per head of the population of 1.97 gills—just under half a pint—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

Three new licences were granted for the sale of Certified and Grade A (T.T.) Milk; the subjoined table shows the results of analysis of Graded Milks:—

		Bacteriological Examination.		Chemical Analysis.		
		Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solids per cent.	Total Solids per cent.
Pasteurised Milk—10 Samples.	Highest,	370,000	Absent 3. Present 7.	3.80	8.70	12.50
	Lowest,	4,900		3.00	8.93	11.93
	Average,	58,615		3.40	8.77	12.17
Certified Milk—8 Samples.	Highest,	4,200	Absent 7. Present 1.	4.60	9.15	13.75
	Lowest,	775		3.60	8.87	12.47
	Average,	2,063		4.13	8.99	13.12
Grade A (Pasteurised) Milk—4 Samples.	Highest,	1,050	Absent 3. Present 1.	4.00	9.10	13.10
	Lowest,	635		3.45	8.80	12.25
	Average,	852		3.74	8.95	12.69.

Letters of warning were sent and explanations given in the cases where Bacilli Coli were present.

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

Consequent on the national economic crisis in the autumn of 1931, the Local Authority decided to postpone their scheme for the purification of the sewage of the Burgh.

The Refuse Destructor dealt with 21,085 tons of unscreened refuse during the year, the daily average—with two eight-hours' shifts—being 68 tons, 5 cwts. The revenue from residual products, clinker, mortar, waste paper, old tins, etc., amounted to £331, compared with £405 for the previous year. The electricity generated and used was equal to a consumpt of £206.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 123 workshops on the register, and 153 inspections were made of those most requiring attention.

In terms of the Home Work Order, 15 lists of outworkers were received; 8 in February, relating to 45 outworkers, and 7 in August relating to 38 outworkers, of whom 77 were employed within the Burgh, and 6 outwith. Six lists regarding outworkers were sent to the authorities of the districts where they were employed, and 2 lists were received from other authorities. Inspection of such premises disclosed nothing calling for special attention.

There are 54 bakehouses in the Burgh, none of which are underground. Three notices were received from H.M. Inspector of Factories; 2 notices referred to the necessity for limewashing, and 1 notice to the dirty condition of the floor; these notices received immediate attention.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

I subjoin copies of various Returns which have been called for by the Department of Health for Scotland and which relate to the Health and Institutional Services of the Local Authority:

BURGH OF PAISLEY. Health Services: Form 4.

Medical, Dental, Nursing, Sanitary, and Veterinary Staffs of the Council, exclusive of the staffs of hospitals.

Designation.	Name (except where otherwise indicated).	Duties.
MEDICAL STAFF:		
1. Medical Officer of Health, ...	Dr. G. V. T. McMichael.	Medical Officer of Health, Medical Supt. of Municipal Hospitals, Police Surgeon.
2. Deputy Medical Officers of Health,	Dr. Chas. M. Whiteford.	Depute Medical Officer of Health, Depute Police Surgeon, Clinical Tuberculosis Officer, Clinical V.D. Officer.
3. Assistant Medical Officers of Health (whole-time), ...	Dr. Susan M. MacMurray	Senior M. & C. W. Officer.
	Dr. Barbara K. Nicholson.	Junior M. & C. W. Officer.
	Dr. Alexandra MacCormick.	R. M. O., Barshaw Maternity Hospital.
		R.M.O., Infectious Diseases Hospital.
4. Consultants and Specialists (exclusive of those retained only for duty in the Council's hospitals). ...	Dr. Donald McIntyre.	Consultant Obstetric Surgeon for Puerperal Fever and Puerperal Pyrexia Regulations.
5. Local Medical Officers (part-time) for Poor Law and other local health services; give number only, but specify extent and nature of duties,	4	Act as District Medical Officers and Public Vaccinators.
	1	Attends Public Assistance Offices and Certifies Applicants for Relief.
DENTAL STAFF:		
1. Denists (whole-time), ...		Dental Work under the M. & C. W. Scheme is carried out at the Russell Institute, Paisley, by the whole-time Dental Staff of the Education Committee of the Renfrew County Council.
Part-time (Number only), ...		
2. Dental Dressers (Number only), ...		
3. Dental Mechanics (Number only), ...		
NURSING STAFF:		
1. Superintendent of Nurses,...	—	—
2. Health Visitors and Nurses.		
Whole-time (Number only).	6	M. & C. W. Scheme and Epidemic work.
Part-time (Number only),	1	Tuberculosis Scheme.
	—	—
SANITARY STAFF:		
Sanitary Inspectors (whole-time), ...	W. W. Kelso,	Chief Sanitary Inspector.
	Wm. Adam,	All duties.
	Wm. Young,	All duties.
	Archd. Eaglesim,	Epidemic Inspector.
Assistants.		
Whole-time (Number only) ...	3	All duties.
Part-time (Number only) ...	—	—
PUBLIC ANALYSTS: (state if whole-time)	Messrs. Robt. McFarlane & Clark, Glasgow.	Part-time.
VETERINARY STAFF: (state if whole-time)		
1. Veterinary Inspectors, ...	James Andrew.	Part-time.
2. Meat Inspectors ...	Hugh Cameron.	Also Supt. of Slaughter-house.
3. Detention Officers (Number only) ...	2	Supt. and Depute Supt. of Slaughter-house.

CLINICS AND LABORATORY SERVICES.

A.—Clinics.

Location (see Note 1 below).	Days and times of session.	AVAILABLE FOR						
		Expectant Mothers.	Post-natal cases.	Pre-school children (See Note 2 below.)	School children.	Tuber-culosis.	Venereal Diseases.	Other services. (Specify.)
Russell Institute—								
(M. & C. W. Dept.). ...	Mon., 10.30 a.m.	—	T.A.	T.A.	—	—	—	Artificial Sunlight Treatment is available for all patients attending the M. & C. W. Clinics.
,, ,, ,, ...	Mon., 2 p.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Tues., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Tues., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Wed., 10.30 a.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Wed., 2 p.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 10.30 a.m.	—	T.A.	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	T.A.	—	—	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	T.A.	—	—	—	—	
,, ,, ,, ...	Fri., 10.30 a.m.	T.A.	—	—	—	—	—	
,, ,, ,, ...	Fri., 2 p.m.	—	T.A.	T.A.	—	—	—	
Barshaw Hospital.	Mon., 2 p.m.	T.A.	—	—	—	—	—	
Russell Institute (T.B. Dept.),	Tues., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Sunlight cases.
,, ,, ,, ...	Wed., 2 p.m.	—	—	—	—	T.A.	—	
,, ,, ,, ...	Fri., 2 p.m.	—	—	—	—	T.A.	—	
Russell Institute (X-Ray Dp.).	Mon., 11 a.m.	A.	—	A.	—	A.	—	Also serve area of Renfrew County Council.
,, ,, ,, ...	Thurs., 2 p.m.	A.	—	A.	—	A.	—	
,, ,, ,, ...	Thurs., 2 p.m.	—	—	—	—	T.A.	—	For Artificial Pneumothorax cases.
Special Treatment Centre.								
Craw Road Institution, ...	Tues., 5.30 p.m.	—	—	—	—	—	T.A. (males).	Also serve area of Renfrew County Council.
,, ,, ,, ...	Wed., 10.30 a.m.	—	—	—	—	—	T.A. (females).	
,, ,, ,, ...	Wed., 8 p.m.	—	—	—	—	—	T.A. (females).	
,, ,, ,, ...	Fri., 5.30 p.m.	—	—	—	—	—	T.A. (males).	

Under the Education Committee of Renfrew County Council, there are available at the Russell Institute for school children, (1) Minor Ailments Clinic, (2) Special Treatment Clinic, (3) Dental Clinic, (4) Remedial Exercises Clinic; by arrangement, these clinics are also available for pre-school children, and the Local Authority Clinics, detailed above, are also available for school children.

NOTES :—1. (a) Distinguish between clinics provided and maintained by the Council and those conducted by other local authorities or by voluntary agencies, whether in the Council's area or elsewhere, which provide services under arrangement with the Council.

(b) If any of the clinics serve other areas, these areas should be stated.

2. Enter "T" if treatment is given, and "A" if advice only.

B.—Laboratory Services.

1. Services provided in laboratories maintained by the Council. (State location of laboratories—showing separately any maintained in combination with other councils—and also nature of services) :—

A. *Laboratory, Infectious Diseases Hospital.*

All the routine bacteriological work of the Burgh is carried out at this laboratory—material from cases of Diphtheria, Enteric Fever, Venereal Diseases, Cerebro-spinal Fever, Tuberculosis, etc. During 1931, the examinations numbered 1,678 specimens; the work is done by the Resident Medical Officer.

B. *Laboratory, Special Treatment Centre, Craw Road Institution.* The staff at the Special Treatment Centre carry out all the routine bacteriological examinations for cases of Venereal Diseases attending the Centre, excepting Wassermann Tests, which are carried out at the Municipal Laboratory of the City of Glasgow. During 1931, the examinations at the Centre numbered 1,229 specimens.

2. Services provided otherwise. (Give full particulars, including details as above) :—

Specimens for special examinations, which cannot be carried out in the above local laboratories, are sent to the Municipal Laboratory of the City of Glasgow; such specimens include bacteriological work under the Puerperal Fever and Puerperal Pyrexia Regulations, virulence tests in cases of Diphtheria, urine and fæces in cases of Enteric Fever, all Wassermann Tests, etc.

3. Note of services provided by the Council for other local authorities and for general practitioners in the areas of other authorities :—

BURGH OF PAISLEY. Health Services: Form 8.

CARE OF THE SICK POOR.

1. *Medical arrangements.* Indicate briefly the arrangements made for the treatment of the sick poor *at home*, whether through local medical officers, through a panel of practitioners or otherwise.

"The sick poor are attended to at home by four part-time District Medical Officers, each Officer attending to the patients in his own district; each District Medical Officer has to nominate an approved substitute who will act for him in his absence."

2 *Nursing arrangements.* Indicate briefly the arrangements made for the nursing of the sick poor *at home*.
"A nurse is provided for suitable cases at home on the order of the District Medical Officers."

3. *Poorhouses.* State names and locations of poorhouses treating sick poor from the Council's area (showing separately poorhouses maintained in combination with other councils) and indicate the types of patient treated in each.
"*Craw Road Institution, Paisley.* This institution is maintained in combination with the County Council of Renfrew and the Corporation of Glasgow. In the Institution, accommodation is provided for medical surgical, Gynæcological, Tuberculosis, Venereal Diseases, and Skin cases, and there are also Mental Wards, Infirm Wards, and Observation Wards for early mental cases."

4. *Other institutions.* State names and locations of institutions, whether local authority or voluntary (other than

poorhouses), in which sick poor from the Council's area are treated, and indicate the types of patient so treated.

"*Auchentorlie House, Paisley.* This Institution is maintained in combination with the County Council of Renfrew and the Corporation of Glasgow. Accommodation is provided for sick children and for unmarried mothers."

5. *Specialist (including laboratory) services.* State what arrangements exist for obtaining specialist assistance in (a) domiciliary, (b) institutional treatment of the sick poor (i) in ordinary cases, (ii) in emergencies, and (iii) for the review of conditions diagnosed as chronic.

"(a) Domiciliary cases : Cases requiring specialist assistance are referred to the appropriate institutions.

(b) *Institutional cases* : The Visiting Surgeon, Visiting Physician and Visiting Tuberculosis Officer are responsible for specialist service for all institutional cases. Laboratory services are provided by the Municipal Laboratory at the Fever Hospital, by the Glasgow Corporation Laboratory (Wassermann Tests, etc), and by the Scottish Western Asylums' Research Institute for Mental cases."

6. (a) *Supply of drugs and appliances.*

(b) *Dentistry and dentures.*

(c) *Sight-testing and spectacles.*

Indicate the arrangements made under each of these heads.

(a) "*Supply of drugs and appliances* : Medicines and appliances are supplied on the prescription of the District Medical Officers, on National Health Insurance methods and tariffs."

(b) "*Dentistry and Dentures* : Cases requiring dental treatment or dentures are referred to qualified dentists on the order of the District Medical Officers."

(c) "*Sight Testing and Spectacles* : Spectacles are supplied to adults on the order of the District Medical Officer; special cases are referred to the Eye Infirmary, Paisley. School Children are dealt with by the School Medical Service of the County Council of Renfrew, the cost being defrayed by the Public Assistance Committee."

7. *Local Government (Scotland) Act, 1929, Section 14 (4).* State what classes of sick persons, including the classes of persons specified in the above subsection, formerly assisted under the Poor Law Acts are now maintained and treated exclusively by virtue of enactments other than the Poor Law Acts.

"(a) Expectant and Nursing Mothers and children under 5 years of age.

(b) Provision of domiciliary assistance to unemployed blind persons, and the provision of assistance towards maintenance of blind persons during elementary or technical education in any institution, and contributions to an institution in respect of unemployed blind persons."

8. *Alterations since 15th May, 1930.* Indicate any alterations that have been made in the institutional arrangements for the treatment of the sick poor since 15th May, 1930.

"Since 15th May, 1930, the following new appointments have been made for Craw Road Institution, Paisley :—

(1) A Junior Resident Medical Officer.

(2) A Visiting Surgeon and a Visiting Physician.

(3) The Clinical Tuberculosis Officer was appointed Visiting Physician to the Sanatorium Wards."

9. *Statistics.* State for the year — 1931.

(a) The number of persons who received outdoor medical relief;

(b) The number of sick poor treated in poorhouses;

(c) The number of sick poor treated in other institutions.

Under each sub-head show separately the number of men, of women, and of children.

	Men.	Women.	Children.	Total.
Persons who received Outdoor Medical Relief, ...	380	250	283	913
No. of sick persons treated in Craw Road Institution, ...	542	253	66	861
No. of sick poor treated in Auchentorlie House,	0	55	199	254
	922	558	548	2,028

BURGH OF PAISLEY. Health Services: Form 9.

ADEQUACY OF HOSPITAL FACILITIES.

Give notes on the adequacy of the hospital facilities available for sick persons residing within the Council's area. (See Section 27 of the Local Government (Scotland) Act, 1929).

"(1) *Infectious Diseases.* The present accommodation for Infectious Diseases is quite inadequate and unsuitable, but the Local Authority have agreed to erect a new Infectious Diseases Hospital of 150 beds, and a site has been chosen."

"(2) *Tuberculosis.* Gockston Hospital and Craw Road Institution probably provide sufficient hospital accommodation for cases of tuberculosis. Early cases of Pulmonary Tuberculosis are sent to Bridge of Weir Sanatorium. There is a deficiency of suitable accommodation for cases of non-pulmonary tuberculosis, as Craw Road Institution provides the only local accommodation available. The proposed Joint County Sanatorium, now definitely abandoned, was intended primarily for cases of non-pulmonary tuberculosis; and also for those early cases of pulmonary tuberculosis which are now sent to Bridge of Weir Sanatorium."

"(3) *Maternity Hospital Accommodation.* 30 beds are provided at Barshaw Hospital, and 4 beds for unmarried mothers at Auchentorlie House. There is a steadily increasing demand for such institutional accommodation, and the present available accommodation will probably require to be increased in the near future."

"(4) *General Hospital Accommodation.* The Royal Alexandra Infirmary, a voluntary hospital, and Craw Road Institution, provide the available general hospital accommodation."

"As with practically all voluntary hospitals, the pressure on the accommodation in the Royal Alexandra Infirmary increases year by year, especially in the surgical wards. The Directors fully realise the need for extension, and the main obstacle to increasing the accommodation is the uncertainty regarding meeting the expenditure involved in maintaining an extended Institution."

"Up-to-date, the accommodation at Craw Road Institution has been adequate for the types of cases admitted there, although there is great pressure on that accommodation when such diseases as Influenza and Acute Pneumonia become epidemic. It is doubtful, however, whether the present accommodation would be sufficient, or suitable, to allow of the treatment of many cases, apart from the sick poor."

NEUROLOGICAL AND MENTAL DISABILITIES IN THE PRE-CERTIFICATION STAGES.

1. *Neurological and psychiatric clinics.** Give particulars of location, staffing and facilities (including number of associated beds, if any, for observation cases).
"The Local Authority have no clinics for neurological and mental cases."

2. *Institutional accommodation.* State number of beds—

   (a) In poorhouse observation wards;*

   (b) In other wards, stating their location.*

"(a) *In Poorhouse Observation wards.* There are 12 beds reserved for mental cases in Observation Wards in Craw Road Institution, Paisley."

"(b) *In other wards, stating their location.* In Riccartsbar Mental Hospital, it has hitherto always been possible to provide accommodation for voluntary mental patients from Paisley area, although no definite number of beds are reserved for such cases."

3. *Liaison.* Indicate arrangements for correlating the work of the Council's neurological and psychiatric department with their other health activities (e.g. maternity service, child welfare, school medical work, etc.) and for liaison with any voluntary services and institutions in, or serving, the Council's area.

"On 11th February, 1932, a Clinic for Nervous Disorders was set up at the Royal Alexandra Infirmary, Paisley, under the management of a local voluntary committee. The Clinic is held weekly and is conducted by Dr. Mary R. Knight, Medical Superintendent, Riccartsbar Mental Hospital, Paisley, whose services have been made available by the Local Authority; Dr. Knight is assisted by Dr. Wm. B. Inglis and Mr. W. P. Alexander, Psychologists. The Clinic is open to early mental cases, difficult and backward children etc."

*Beds in observation wards reserved or commonly used as an integral part of a clinic should be shown under head 1 above.

Hospitals : Form 1.

RETURN : Year 1931.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of institution—Craw Road Institution, Paisley.
2. Location of Institution—Craw Road, Paisley.
3. Council, or Councils, in whom ownership is vested — Town Council of Paisley, County Council of Renfrew, Town Council of Glasgow.
4. State whether the institution is maintained under
   (a) Public Health or Local Government Acts
   (b) Poor Law Acts, Under Poor Law Acts, excepting certain classes of patients, e.g, Tuberculosis.
5. Outside areas from which patients are accepted by arrangement with other Councils—No arrangements with other Councils.
6. If the institution is not used solely as a hospital, state whether or not the hospital beds are in a separate block—Hospital Beds are in separate blocks.
7. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds.			
	Males.	Females.	Children under 10.	Total.
General medical, ...	92	87	—	179
General surgical, ...				
Gynæcological, ...				
Orthopædic, ...				
Chronic sick*, ...				
Infectious diseases—				
(a) Respiratory tuberculosis, ...	16	11	—	27
(b) Non-respiratory tuberculosis,..				
(c) Venereal diseases, ...	6	7	—	13
(d) Smallpox, ...				
(e) All other infectious diseases,..				
Maternity, ...				
Psychiatric†, Observation only, ...	6	6	—	12
Special departments (specify, e.g.. eye, ear, nose and throat, dermatological — other than V.D.), ...				

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

8. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc. :—

There is no out-patient Department. A few out-patients attend for ultra-violet therapy and massage.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1931.

A. In-Patients.

1. Total number of admissions 1095
2. Total number of patients discharged 895
3. Total number of deaths 174
4. Average duration of stay of patients included in 2 and 3 above 30

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied :
   (a) Average during the year 179
   (b) Highest, 205 on (date) 19th, 20th, 21st December.
   (c) Lowest, 153 on (date) 2nd July.

6. Number of surgical operations :
   (a) Under general or spinal anæsthesia ... 114
   (b) Other operations 104

B. Out-Patients.

1. Total number of persons seen in the out-patient department ... ... nil.
2. Total number of attendances in the out-patient department ... ... nil.

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment :—

There is a well-equipped operating theatre, with sterilizing room, attached to the Hospital Block of the Institution. The equipment is adequate for the great majority of major operations.

2. X-ray and physico-therapy equipment :—

There is no X-ray installation, but cases referred to the X-ray Department at the Royal Alexandra Infirmary, Paisley, or, in the case of Tuberculosis patients, to the X-ray Department at the Russell Institute, Paisley. There is an Artificial Sunlight Department, equipped with 2 carbon arc lamps, and 1 mercury vapour lamp. A masseur attends twice weekly at the Institution.

3. Orthopædic equipment :—

Splints, plaster jackets, etc., are provided on the order of the Visiting Medical Officers.

4. Laboratory equipment :—

A microscope, staining materials, etc., are at the service of the Resident Medical Officers, but most of the bacteriological specimens are sent to the Municipal Laboratory at Bridge Street Hospital, Paisley. At the V.D. Clinic, all bacteriological work is carried out by the staff, excepting Wassermann Tests, which are sent to the Corporation Laboratory, Glasgow.

5. Any other special facilities (give details) :—

A Dentist is called in on the order of the medical staff.

Ophthalmic cases are referred to the Royal Victoria Eye Infirmary, Paisley.

STAFFING.

A. Medical.

1. State numbers and designation :—

Visiting.	Resident.
1 Visiting Surgeon.	1 Senior Resident Medical Officer.
1 Visiting Physician.	1 Junior Resident Medical Officer.
1 Visiting Tuberculosis Physician.	

2. State the nature of arrangements for services rendered by part-time staff :—

Visiting Surgeon is responsible for surgical, gynæcological, and venereal patients.

Visiting Physician is responsible for medical and mental patients.

These two officers attend daily.

Tuberculosis Physician, who is the local Clinical Tuberculosis Officer, visits three days weekly.

B. Nursing.

1. State particulars of nursing staff under the following heads :—

	Matron or Supt. of nurses.	Trained nurses.	Probationers
Numbers, ...	1	13	25
Average number of hours of duty per week, ...	—	55	56½

2. State whether the institution is approved for nurses' training :—

Yes—in conjunction with the Royal Samaritan Hospital, Glasgow.

Hospitals : Form 1.

RETURN : Year 1931.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of Institution—Auchentorlie House, Paisley.
2. Location of Institution—Seedhill Road, Paisley.
3. Council, or Councils, in whom ownership is vested — Town Council of Paisley, County Council of Renfrew, Town Council of Glasgow.
4. State whether the institution is maintained under
   (a) Public Health or Local Government Acts.
   (b) Poor Law Acts, Under Poor Law Acts, excepting certain classes of patients.
5. Outside areas from which patients are accepted by arrangement with other Councils—No arrangements with other Councils.
6. If the institution is not used solely as a hospital, state whether or not the hospital beds are in a separate block—Hospital Beds are not in a separate block.
7. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds.			
	Males.	Females.	Children under 10.	Total.
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Infectious diseases—				
(a) Respiratory tuberculosis, ...	—	—	—	—
(b) Non-respiratory tuberculosis,.	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases,..	—	—	—	—
Maternity, ...	—	4	—	4
Psychiatric†, ...	—	—	—	—
Special departments (specify, e.g., eye, ear, nose and throat, dermatological — other than V.D.), ...	—	—	—	—
Children—				
Fully 50% are occupied by sick children, ...	Boys. 27	Girls. 21	Infants. 18	

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

8. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc. :—

No out-patient provision.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1931.

A. In-Patients.

1. Total number of admissions, ... 275
2. Total number of patients discharged, ... 262
3. Total number of deaths, ... 20
4. Average duration of stay of patients included in 2 and 3 above, ... 34

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied :
   (a) Average during the year, ... 49
   (b) Highest, 64 on (date) 18th April.
   (c) Lowest, 37 on (date) 26th June.

6. Number of surgical operations :
   (a) Under general or spinal anæsthesia, ... Nil.
   (b) Other operations, ... Nil.

B. Out-Patients.

1. Total number of persons seen in the out-patient dep., Nil.
2. Total number of attendances in the out-patient dept.,... Nil.

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment :—

There is no operating theatre provision. Cases requiring operation are transferred to the Hospital Wards in Craw Road Institution, Paisley.

There is a well-equipped labour ward for maternity cases.

2. X-ray and physico-therapy equipment :—

Nil. Cases are referred to the X-ray Departments at the Royal Alexandra Infirmary, Paisley, or at the Russell Institute, Paisley.

Cases requiring Artificial Sunlight Treatment are conveyed by ambulance to and from Craw Road Institution, Paisley.

3. Orthopædic equipment :—

Nil.

4. Laboratory equipment :—

Nil. Material for investigation is sent to the Municipal Bacteriological Laboratory attached to Bridge Street Hospital, Paisley.

5. Any other special facilities (give details) :—

A Dentist is called in on the order of the Medical Staff. Cases of ringworm are referred to the X-ray Department, Royal Alexandra Infirmary, Paisley.

STAFFING.

A. Medical.

1. State numbers and designation :—

Visiting.	Resident.
1 Visiting Medical Officer.	Nil.

2. State the nature of arrangements for services rendered by part-time staff :—

The Visiting Medical Officer visits daily, and is on call at other times.

B. Nursing.

1. State particulars of nursing staff under the following heads :—

	Matron or Supt. of nurses.	Trained nurses.	Probationers
Numbers, ...	1	4	—
Average number of hours of duty per week, ...	—	60 (approx.).	—

2. State whether the institution is approved for nurses' training :—

No.

Hospitals : Form 1.

RETURN: Year 1931.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of Institution—Barshaw Maternity & Child Welfare Hospital.
2. Location of Institution—Glasgow Road, Paisley.
3. Council, or Councils, in whom ownership is vested — Town Council of Paisley.
4. State whether the institution is maintained under
   (a) Public Health or Local Government Acts, Public Health Acts.
   (b) Poor Law Acts.
5. Outside areas from which patients are accepted by arrangement with other Councils—Nil.
6. If the institution is not used solely as a hospital, state whether or not the hospital beds are in a separate block—Used solely as a hospital.
7. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds.			
	Males.	Females.	Children under 10.	Total.
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Infectious diseases—				
(a) Respiratory tuberculosis, ...	—	—	—	—
(b) Non-respiratory tuberculosis,.	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases,..	—	—	—	—
Maternity, ...	—	30	—	30
Psychiatric†, ...	—	—	—	—
Special departments (specify, e.g., eye, ear, nose and throat, dermatological — other than V.D.), ...	—	—	—	—
Children's Ward, ... (For children under 5 years).	—	—	10	10

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of *non-certified* mental disorder and deficiency.

8. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc. :—

A weekly ante-natal clinic is held at the hospital for cases referred by medical practitioners; if necessary, these cases are seen by the Consultant Obstetric Surgeon. Children requiring certain minor operations are treated as out-patients, are operated on during the forenoon, and sent home between 4 p.m. and 5 p.m. The surgical specialist to the Children's Ward also sees cases referred for diagnosis, etc., from the Child Welfare Clinics.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1931.

A. In-Patients.

1. Total number of admissions, ...	863
2. Total number of patients discharged, ...	854
3. Total number of deaths, ...	13
4. Average duration of stay of patients included in 2 and 3 above, ...	13

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied :

(a) Average during the year, ...	31
(b) Highest, 41 on (date) 26th October.	
(c) Lowest, 17 on (date) 12th July.	

6. Number of surgical operations :

(a) Under general or spinal anæsthesia, ...	328
(b) Other operations, ...	Nil.

B. Out-Patients.

Ante-natal Clinic—

(a) Number of patients, ...	70
(b) Number of attendances, ...	514

Out-patient Children—

(a) Number of operations, ...	75
(b) Number of consultations with Surgical Specialist, ...	41

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment :—

There is an operating theatre, fully equipped for—

(1) With all obstetrical operations.
(2) With minor operations in children under 5 years.

2. X-ray and physico-therapy equipment :—

Cases requiring X-ray examination are referred to the X-ray Department, Russell Institute, Paisley, or to the Royal Alexandra Infirmary, Paisley.

A Hanovian Lamp is available for Artificial Sunlight Treatment.

3. Orthopædic equipment :—

Plaster and splints are available for treatment of cases admitted to the Children's Ward.

4. Laboratory equipment :—

There is no laboratory attached to the hospital, and most specimens are sent to the Laboratory attached to the Burgh Infectious Diseases Hospital. Bacteriological work under the Puerperal Fever and Puerperal Pyrexia Regulations is carried out at the Municipal Laboratory of the City of Glasgow.

5. Any other special facilities (give details) :—

Nil.

STAFFING.

A. Medical.

1. State numbers and designation :—

Visiting.	Resident.
1 Consultant Obstetric Surgeon.	1 Resident Medical Officer.
1 Surgical Specialist for Children's Ward.	
1 Anæsthetist.	

2. State the nature of arrangements for services rendered by part-time staff :—

(a) The Consultant Obstetric Surgeon visits when called upon by the Resident Medical Officer; he carries out all major operations, etc.

(b) The Surgical Specialist for the Children's Ward visits and operates one day per week, and at other times when called upon by the Resident Medical Officer.

(c) One member of the medical staff of the Public Health Department is always on call as anæsthetist.

B. Nursing.

1. State particulars of nursing staff under the following heads :—

	Matron or Supt. of nurses.	Trained nurses.	Probationers
Numbers, ...	1	6	3 Probationers, 6 or 7 pupil midwives.
Average number of hours of duty per week, ...	—	Day Duty: 55½ hrs.-57½ hrs. Night Duty: 72 hrs.	Day Duty: 58 hrs. Night Duty: 82 hrs.

2. State whether the institution is approved for nurses' training :—

The Hospital is approved by the Central Midwives' Board for Scotland as a training school for pupil midwives.

Hospitals : Form 1.

RETURN : Year 1931.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of Institution—Burgh Infectious Diseases Hospital.
2. Location of Institution—Bridge Street, Paisley.
3. Council, or Councils, in whom ownership is vested — Town Council of Paisley.
4. State whether the institution is maintained under
   (a) Public Health or Local Government Acts, Public Health Acts.
   (b) Poor Law Acts.
5. Outside areas from which patients are accepted by arrangement with other Councils—Nil.
6. If the institution is not used solely as a hospital, state whether or not the hospital beds are in a separate block—Used solely as a Hospital.
7. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds.			
	Males.	Females.	Children under 10.	Total.
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Infectious diseases—				
(a) Respiratory tuberculosis, ...	—	—	—	—
(b) Non-respiratory tuberculosis,.	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases,..	—	—	—	—
Maternity, ...	—	—	—	108 (Official Accommodation).
Psychiatric†, ...				
Special departments (specify, e.g.,				
eye, ear, nose and throat,	—	—	—	—
dermatological — other than	—	—	—	—
V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

8. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc. :—

There is no out-patient provision. Cases requiring care or observation after discharge are referred to the Child Welfare Clinics at the Russell Institute, one session weekly being conducted by the Resident Medical Officer.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1931.

A. In-Patients.

1. Total number of admissions, ...	977
2. Total number of patients discharged, ...	858
3. Total number of deaths, ...	89
4. Average duration of stay of patients included in 2 and 3 above, ...	30

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied :

(a) Average during the year, ...	74
(b) Highest, 114 on (date) 25th December.	
(c) Lowest, 50 on (date) 9th May.	

6. Number of surgical operations :

(a) Under general or spinal anæsthesia,... ...	9
(b) Other operations, ...	16

B. Out-Patients.

1. Total number of persons seen in the out-patient dept.,	Nil.
2. Total number of attendances in the out-patient dept.,	Nil.

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment :—

There is an operating theatre, with full equipment for most major operations, intended primarily for cases of Puerperal Fever, etc., but also used for mastoid operations, appendicectomies, etc., arising in the various wards.

2. X-ray and physico-therapy equipment :—

There is no X-ray or physico-therapy equipment.
Suitable cases, e.g., from the Pneumonia Ward, are referred to the X-ray Department or the Artificial Sunlight Department at the Russell Institute, Paisley.

3. Orthopædic equipment :—

Nil.

4. Laboratory equipment :—

There is a bacteriological laboratory, where all the routine bacteriological work of the Burgh is carried out by the Resident Medical Officer; during 1931, 1,678 specimens were examined. Specimens for special examination are sent to the Municipal Labora-

tory of the City of Glasgow, e.g., specimens from cases of Puerperal Fever, virulence tests in cases of Diphtheria, Wassermann Tests, etc.

5. Any other special facilities (give details) :—

Nil.

STAFFING.

A. Medical.

1. State numbers and designation :—

Visiting.	Resident.
1 Visiting Physician. 1 Consultant Surgeon under Puerperal Fever and Puerperal Pyrexia Regulations.	1 Resident Medical Officer.

2. State the nature of arrangements for services rendered by part-time staff :—

(a) The Medical Officer of Health acts as Visiting Physician and visits daily, and at other times when required.

(b) The Consultant Obstetric Surgeon visits cases of Puerperal Fever, etc., when called on by the Resident Medical Officer.

(c) The Resident Medical Officer has power to call in a general Surgeon, when his services are considered necessary.

B. Nursing.

1. State particulars of nursing staff under the following heads :—

	Matron or Supt. of nurses.	Trained nurses.	Probationers
Numbers (Average), ...	1	9	15
Average number of hours of duty per week, ...	—	Day duty: Sisters, 48 hrs. Staff nurses, Staff nurses, 60 hrs. Night Duty: 73½ hrs.	Day Duty: 60 hrs. Night Duty: 73½ hrs.

2. State whether the institution is approved for nurses' training :—

The Institution is approved by the General Nursing Council for Scotland as a training school for Fever Nurses; the probationers take duty in rotation at Gockston Tuberculosis Hospital, Paisley, for training in Tuberculosis.

RETURN : Year 1931.

HOSPITALS AND CONVALESCENT HOMES.

(Including poorhouses with sick beds, but excluding asylums for certified insane and institutions for certified mental defectives.)

1. Name of Institution—Gockston Tuberculosis Hospital.
2. Location of Institution—Springbank Road, Paisley.
3. Council, or Councils, in whom ownership is vested — Town Council of Paisley.
4. State whether the institution is maintained under
   (a) Public Health or Local Government Acts, Public Health Acts.
   (b) Poor Law Acts.
5. Outside areas from which patients are accepted by arrangement with other Councils—Nil.
6. If the institution is not used solely as a hospital, state whether or not the hospital beds are in a separate block—Used solely as a Hospital.
7. Table showing the normal classification of the accommodation for the sick in the institution.

Classification of accommodation.	Beds.			
	Males.	Females.	Children under 10.	Total.
General medical, ...	—	—	—	—
General surgical, ...	—	—	—	—
Gynæcological, ...	—	—	—	—
Orthopædic, ...	—	—	—	—
Chronic sick*, ...	—	—	—	—
Infectious diseases—				
(a) Respiratory tuberculosis, ...	15	15	—	30
(b) Non-respiratory tuberculosis,.	—	—	—	—
(c) Venereal diseases, ...	—	—	—	—
(d) Smallpox, ...	—	—	—	—
(e) All other infectious diseases,..	—	—	—	—
Maternity, ...	—	—	—	—
Psychiatric†, ...	—	—	—	—
Special departments (specify, e.g., eye, ear, nose and throat, dermatological — other than V.D.), ...	—	—	—	—

*This group comprises such chronic illnesses as cannot be expected to respond to treatment.

†Include accommodation for cases of non-certified mental disorder and deficiency.

8. State the nature and scope of the out-patient provision (if any) for continuance of treatment, emergency treatment, consultations, etc. :—

No out-patient provision.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1931.

A. In-Patients.

1. Total number of admissions, ...	60
2. Total number of patients discharged, ...	31
3. Total number of deaths, ...	16
4. Average duration of stay of patients included in 2 and 3 above, ...	127

(Total patient-days divided by the sum of the deaths and discharges).

5. Number of beds occupied :

(a) Average during the year. 22
(b) Highest, 26 on (date) 11th September.
(c) Lowest, 18 on (date) 13th January.

6. Number of surgical operations :

(a) Under general or spinal anæsthesia, ...	Nil.
(b) Other operations, ...	Nil.

B. Out-Patients.

1. Total number of persons seen in the out-patient dept.,	Nil.
2. Total number of attendances in the out-patient dept.,	Nil.

EQUIPMENT.

State the extent of

1. Operating theatre provision and equipment :—

No operating theatre.

2. X-ray and physico-therapy equipment :—

No X-ray and physico-therapy equipment.
Patients, where necessary, are referred to the X-ray Department of the Russell Institute, Paisley.

3. Orthopædic equipment :—

Nil.

4. Laboratory equipment :—

Specimens for examination are sent to the Bacteriological Laboratory at the Burgh Infectious Diseases Hospital.

5. Any other special facilities (give details) :—

Artificial Pneumothorax treatment is given in suitable cases.

STAFFING.

A. Medical.

1. State numbers and designation :—

Visiting.	Resident.
1 Visiting Medical Officer.	Nil.

2. State the nature of arrangements for services rendered by part-time staff :—

The Clinical Tuberculosis Officer for the Burgh acts as Visiting Medical Officer, and visits at least 4 days per week.

B. Nursing.

1. State particulars of nursing staff under the following heads :—

	Matron or Supt. of nurses.	Trained nurses.	Probationers
Numbers, ...	1	2	2
Average number of hours of duty per week, ...		48 hrs.-54 hrs.	Day duty: 54 hrs. Night duty: 75½ hrs.

2. State whether the institution is approved for nurses' training :—

This Hospital is staffed from the Burgh Infectious Diseases Hospital, which is recognised by the General Nursing Council for Scotland as a training school for Fever Nurses.

PART II.

STATISTICAL TABLES AND RETURNS.
A.—MATERNITY AND CHILD WLEFARE SCHEME.

BIRTH STATISTICS.

	1931.
Total number of Births (corrected), ...	1784
Number of Illegitimate Births (corrected), ...	100
,, Births in 1-roomed houses, ...	266
,, Births in 2-roomed houses, ...	626
,, Births in 3- or more roomed houses, ...	125
,, Births in 1-roomed houses where the parents were lodgers, ...	5
,, Births in 2-roomed houses where the parents were lodgers, ...	79
,, Births in 3-roomed houses where the parents were lodgers, ...	32
,, Births in Barshaw Hospital, ...	472
,, Births in Other Institutions, ...	73
,, Births in Caravans, ...	7
,, Premature Births, ...	48
,, Infants "breast-fed" at first visit, ...	1398
,, Infants "bottle-fed" at first visit, ...	133
,, Infants partly breast and partly bottle-fed at first visit, ...	21

STILL-BIRTHS DURING 1931—Total 62.

Probable Causes in 60 Cases.

Accidental Hæmorrhage, ...	4	Placenta Prævia, ...	1
Albuminuria, ...	5	Precipitate Labour, ...	2
Congenital Defects, ...	2	Prematurity, ...	14
Contracted Pelvis, ...	2	Prolapsed Cord, ...	4
Cord Round Neck, ...	2	Protracted Labour, ...	1
Illness of Mother, ...	4	Twin Pregnancy, ...	2
Instrumental Delivery, ...	4	Venereal Disease, ...	1
Malpresentation, ...	4	Cause Unknown, ...	8

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1931.
Number of Sessions, ...	149
Number of expectant mothers attending, ...	743
Total Attendances, ...	2994
Number of First Attendances, ...	670
Average Attendance per Session, ...	20

Sources from which Cases were drawn:—

1. Recommended by midwives, ...	97
2. Referred from doctors, ...	57
3. Unrecommended, ...	496

Classification of Conditions:—

Albuminuria,	73	Gynæcological Conditions,	3
Anæmia,	5	Incomplete Abortion,	3
Bronchial Catarrh,	6	Malpresentation,	11
Cardiac Disease,	2	Minor Ailments,	328
Contracted Pelvis,	52	Multiple Pregnancy,	3
Cystitis,	8	Normal Pregnancy,	106
Dental Caries,	32	Not Pregnant,	6
Debility,	25	Pyelitis,	13
Doubtful Pregnancy,	23	Retroverted Gravid Uterus,	3
Excessive Sickness,	4	Stillbirths and Miscarriages,.	1
		Tuberculosis,	10

116 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

———:o:———

THE RUSSELL INSTITUTE.

CLINICS FOR MOTHERS AND CHILDREN.

	1931.
Number of sessions,	347
,, new patients attending,	1963
,, old patients re-attending,	1467
Total attendances,	13,982
Average attendance per session,	40.29
Number of infants under 1 year attending.	4936
,, children, 1-5 years, attending.	6052
,, illegitimate children attending.	40

Methods of feeding of infants at first visit—

1. Breast,	504
2. Bottle,	253
3. Breast and bottle,	36
Children attending once only,	443
Children referred to Hospitals.	329
Number of nursing mothers attending,	627
Total attendances of nursing mothers,	2446

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Adenitis,	28	Injury,	22
Congenital Defects,	13	Intestinal Parasites,	54
Debility,	372	Marasmus.	2
Dental Caries,	214	Phimosis.	102
Digestive Disorders,	384	Prematurity and Birth Debility.	17
Diseases of the skin,	262	Respiratory,	220
Ear Affections,	43	Rheumatism.	1
Throat and Nose Disorders.	119	Rickets.	71
Eye Conditions,	43	Stomatitis.	2
Genito Urinary Conditions.	18	Surgical Conditions (excluding Throat & Nose).	77
Infantile Paralysis,	2	Healthy Children,	565
Infectious Diseases,	15	Tuberculosis,	9
Mental Deficiency,	2		

B—Nursing Mothers—

Albuminuria,	4
Agalactia,	92
Debility and Minor Ailments,	201
Dental Caries,	9
Mastitis,	8
Skin Conditions,	4
Venereal Disease,	1
Healthy,	275

SUMMARY OF WORK AT DENTAL CLINIC.

	1925.	1926.	1927.	1928.	1929.	1930.	1931.
Total attendances,	1,100	1,028	1,040	867	1,128	1,223	1,200
Extractions,	493	492	601	683	876	856	919
Dressings, fillings, etc.,	565	475	661	449	486	458	427
Number of new patients attending,	233	225	354	333	433	453	470

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1931.

General Report on the Working of the Act.

Total number of Midwives on roll, ... 23
Number of Midwives holding C.M.B. Certificate, ... 10

The Assistant Medical Officer (M. & C. W.) paid 47 domiciliary visits to midwives throughout the year, and also had 45 personal interviews at the Public Health Office; she reports that in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 42, being 2 more than during the previous year; of these 25 occurred in the practice of midwives, 9 less than during the previous year. In 34 cases, smears were taken for bacteriological examination, of which 18 were in the practice of midwives. 23 cases were proved to be due to a Gonococcal infection, of which 8 were in the practice of midwives. 11 cases were negative all in the practice of midwives. In the remaining 8 cases, no smear could be obtained owing to the absence of any discharge. 187 domiciliary visits were paid to these cases by the Assistant Medical Officer and Health Visitors, while 9 serious cases were referred as out-patients, for expert treatment to the local Eye Infirmary. No impairment of vision resulted in any case.

Co-operation between the widwives and the Public Health Department continues on satisfactory lines.

Births in Area.

Total number of births during 1931, ... 1,846
Total number of deaths of new-born children (within 10 days) during 1931, ... 53

Actual number of births attended by midwives during 1931, ... 723

Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1931, ... 10

Actual number of cases not attended by a doctor or midwife during 1931—

Births, ... 0

Deaths, ... 0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1931, ... 42

Actual number of cases occurring in the practice of midwives during 1931, ... 25

Actual number of cases occurring where confinement not attended by a doctor or midwife during 1931, ... 0

Cases of Puerperal Sepsis.

Total number of cases during 1931, ... 7

Total number of deaths during 1931, ... 2

Actual number of cases occurring in the practice of midwives during 1931, ... 4

Actual number of deaths occurring in the practice of midwives during 1931, ... 1

Actual number of cases occurring where confinement not attended by a doctor or midwife during 1931—

Cases, ... 0

Deaths, ... 0

Cases of Puerperal Pyrexia.

Total number of cases during 1931, ... 33

Total number of deaths during 1931, ... 1

Actual number of cases occurring in the practice of midwives during 1931, ... 2

Actual number of deaths occurring in the practice of midwives during 1931, ... 0

Actual number of cases occurring where confinement not attended by a doctor or midwife during 1931—

Cases, ... 0

Deaths, ... 0

Cases of Still-Birth.

Total number of cases during 1931, ... 62

Actual number of cases occurring in the practice of midwives during 1931, ... 25

Cases of Emergency.

Number of cases in which medical practitioners were called in under Section 22 of the Act,... 143

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

Report for Year Ending 31st December, 1931.

Maternity Wards.

Number of admissions during 1931, ...		605
Ante-Natal, ...	192	
Natal, ...	357	
Post-Natal, ...	4	
Abortions, ...	52	
Of the above 605 admissions, the number from outwith the Burgh was, ...		5

Average daily number of patients in residence:—

January, ...	22.7	
February, ...	21.5	23.03
March, ...	24.9	
April, ...	25.5	
May, ...	24.0	25.0
June, ...	25.5	
July, ...	18.4	
August, ...	22.1	21.17
September, ...	23.0	
October, ...	25.2	
November, ...	25.6	24.6
December, ...	23.1	

Source of cases admitted:—

From Ante-natal Clinic at Russell Institute,...	446
From medical practitioners—	
Emergency cases, ...	87
Booked cases, ...	70
From other hospitals, ...	1
Emergency (not booked by Clinic or Doctor),	1
Total, ...	605

Ante-natal Clinic at Barshaw Hospital (for Doctors' cases only).

Number of patients sent by doctors (for consultation only), ...	12
Number of doctors' patients booked (for confinement), ...	70
Number of consultations with these 70 booked cases, ...	514
Total number of consultations, ...	526
Number of consultants' visits to Hospital, ...	37
Major operations performed by consultant (abdominal operations), ...	13
Minor operations performed by consultant, ...	6
Consultations, ...	57
Receipts from patients during the year 1931, ...	£893

ANTE-NATAL WARDS.

Number of cases treated, ...	192
Number of maternal deaths, ...	2
Number of patients dismissed undelivered, ...	70
Number of patients delivered before dismissal,	122
Number of patients who aborted or miscarried before dismissal, ...	1
Number of still-births, ...	7
Maternal mortality rate for patients treated in Ante-natal Ward (2 deaths), ...	1.04%
Number of cases of maternal morbidity (B.M.A. Standard), in patients delivered from Ante-natal Ward, ...	13
(a) Number of cases with genital causes, ... 4	
(b) Number of cases with extra-genital causes, ... 9	
Maternal morbidity rate for cases delivered (13 cases in 123 deliveries), ...	10.5%
Maternal morbidity rate for cases with genital causes, ...	3.2%
Maternal morbidity rate for cases with extra-genital causes	7.3%
Still-birth rate for cases delivered (7 still-births), ...	5.8%
Neonatal death rate for cases delivered (4 deaths), ...	3.3%

(Death of infant before 8th day).

Ante-Natal Complications Treated in Hospital.

Accidental hæmorrhage, ...	3
Albuminuria, ...	44
Asthma, ...	1
Breech presentation, ...	2
Bronchitis, ...	1
Burn, ...	1
Cardiac disease, ...	2
Contracted pelvis, ...	9
Cystitis, ...	3
Debility, ...	15
Eclampsia, ...	1
False Labour, ...	39
Hydramnios, ...	3
Hyperemesis, ...	4
Hyperthyroidism, ...	3
Induction of Labour for post-maturity, ...	1
For observation and examination, ...	7
Nephritis—chronic or sub-acute, ...	3
Piles, ...	1
Placenta Prævia, ...	1
Pleurisy,...	1
Pre-eclampsia, ...	3
Premature rupture of membranes, ...	6
Pruritus, ...	3
Pyelitis, ...	27
Toxæmia of pregnancy—unknown origin, ...	2
Tuberculosis of lungs, ...	1
Uterine displacement, ...	2
Varicose Veins, ...	3
Total, ...	192

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Accidental Hæmorrhage. No. 59.	Premature normal labour; child alive; N.P., ...	1
No. 85.	Forceps delivery owing to deformed pelvis; child alive and premature; N.P., ...	1
No. 373.	Concealed hæmorrhage; extremely collapsed on admission; later normal premature labour; child still-born; puerperium febrile, ...	1
Albuminuria.	Cleared or greatly improved; dismissed well, ...	12
Nos. 19, 199, 342 and 355.	Improved; medical induction followed by normal full term delivery; child alive; N.P., ...	4
No. 32.	Persistent; medical induction followed by normal premature delivery; child alive; N.P., ...	1
	Improved; normal full term delivery; child alive; N.P., ...	21
Nos. 33 and 222.	Improved; normal premature delivery; child alive; N.P., ...	2
Nos. 346, 198 and 508.	Improved; forceps delivery at full time; child alive; N.P., ...	3
No. 566.	Severe albuminuria with serous effusions and myocarditis and hæmoptosis—no response to treatment—later Cæsarean Section; child alive and premature; puerperium normal; recovery, excellent, ...	1
Asthma. No. 531.	Relieved—later normal full term delivery; child alive; N.P., ...	1
Breech presentation. No. 62.	Exterior version performed; later normal delivery; child alive and premature; N.P., ...	1
No. 329.	Exterior version performed, patient dismissed well, ...	1
Bronchitis. No. 135.	Associated with Hodgekin's disease; normal premature labour; child alive; puerperium febrile; patient transferred for medical treatment to Craw Road Hospital, ...	1
Burn of leg. No. 336.	Later, normal full term delivery; child alive; N.P., ...	1
Cardiac disease. No. 22.	Later, normal full term delivery; child alive; N.P., ...	1
No. 598.	Later, normal breech delivery; child alive; N.P., ...	1
Contracted pelvis. Nos. 14 and 321.	Medical induction followed by normal full term labour; child alive; N.P.....	2
Nos. 235, 339, 453 and 518.	Cæsarean Section—child alive and mature; N.P.,	4

Ante-natal treatment.—Contd.

Condition.	Result.	No.
No. 380.	Cæsarean Section; child alive and mature; puerperium febrile; profound anæmia and mild phlebitis—slow but good recovery (pyrexia notifiable and B.M.A. standard), ...	1
No. 487.	Forceps delivery and episiotomy; child still-born; N.P., ...	1
No 599.	Forceps delivery (January 1932); child alive and mature; puerperium febrile from gonococcal infection (pyrexia notifiable and B.M.A. standard); condition improved slowly but patient went home irregularly 22nd day, ...	1
Cystitis.		
Nos. 206, 343 and 507.	Improved; dismissed well, ...	3
Debility.	Improved; dismissed well, ...	1
No. 73.		
	Improved—later normal full term delivery; child alive; N.P., ...	12
No. 324.	Improved; medical induction followed by normal full term delivery; child alive; N.P.,... ...	1
No. 534.	Improved; normal delivery of premature twins; both alive; N.P., ...	1
Eclampsia.	Fits before and after admission; normal full term	
No. 247.	labour with anæsthesia few hours later; child alive; N.P. and good recovery from toxæmia,	1
False Labour.	Pains ceased—dismissed well, ...	19
	Later, normal full term delivery; child alive; N.P., ...	17
No. 479.	Later, normal full term delivery; child still-born; N.P., ...	1
No. 45.	Later, manual delivery of breech, child still-born; N.P., ...	1
No. 408.	Contracted pelvis; later medical induction followed by forceps delivery; child alive; puerperium febrile, ...	1
Hydramnios.	Chronic—general condition improved; dismissed	
Nos. 249 and 602.	before delivery, ...	2
No. 307.	Chronic—medical induction followed by normal full term delivery; child alive; N.P., ...	1
Hyperemesis.	Improved gradually, dismissed well, ...	3
Nos. 266, 285, 443.		
No. 552.	Improved gradually, dismissed irregularly of own accord, ...	1
Hyperthyroidism.	Six months' pregnant; improved greatly—dis-	
No. 432.	missed before delivery, ...	1
No. 209.	Improved—normal full term labour; child alive; N.P., ...	1
No. 234.	Improved—normal premature labour; child alive; N.P., ...	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
Induction of labour for post-maturity. No. 61.	Medical induction—forceps delivery owing to contracted outlet; child alive; N.P., ...	1
For Examination and Observation. Nos. 78, 97 and 528.	Presentation obscure—determined by C H C L 3 examination; dismissed well, ...	3
No. 103.	For pelvic examination and estimation under anæsthetic; dismissed well, ...	1
No. 87.	Supposed pyelitis; no pyuria or other abnormal condition; dismissed well, ...	1
No. 109.	Suspected anuria; condition satisfactory; dismissed well, ...	1
No. 288.	Sent in as chronic abscess, proved to have erysipelas also; transferred to Infectious Diseases Hospital, ...	1
Chronic Nephritis. No. 277.	Much improved; dismissed before delivery, ...	1
No. 125.	Improved, later medical induction followed by normal labour, slightly premature; child alive N.P., ...	1
No. 305.	Only slight improvement; premature labour induced by rupture of membranes; child still-born; N.P., ...	1
Piles. No. 428.	Ulcerated on admission—recovered, later normal full term delivery; child alive; N.P., ...	1
Placenta Prævia. No. 300.	Seven months pregnant; high lateral placenta prævia; hæmorrhage arrested; dismissed well,	1
Pleurisy. No. 17.	Improved; later, normal full term delivery; child alive; pyrexia of B.M.A. standard in puerperium; dismissed well, ...	1
Premature Rupture of Membranes. No. 567.	Dismissed irregularly before onset of labour, ...	1
Nos. 252, 338, 538.	Later, normal full term delivery; child alive; N.P., ...	3
No. 529.	Medical induction required to cause onset of labour; normal full term delivery; child alive; N.P., ...	1
No. 204.	Later, manual delivery of breech; child alive, puerperium febrile, ...	1
Pre-eclampsia. No. 203.	No response to active treatment—pregnancy terminated at six months by abdominal hysterotomy; slow but good recovery in puerperium, ...	1
No. 376.	Initial response to active treatment; later, further rise in blood pressure; premature labour started spontaneously; child still-born; N.P..	1
No. 382.	Sudden onset shortly before full time; good response to active treatment, followed by normal full term delivery; child alive; N.P.,	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
Pruritus.	General pruritus and temporary glycosuria; dismissed well before delivery, ...	1
No. 280.		
No. 291.	General pruritus and slight albuminuria; later, spontaneous delivery of full time living child, but patient died of post-partum shock and hæmorrhage, ...	1
No. 482.	Pruritus vulvæ and insomnia — chronic leucorrhœa—relieved—later, normal full term delivery; child alive; N.P., ...	1
Pyelitis.	Improved gradually; dismissed well, ...	15
	Improved gradually, followed by normal full term delivery; child alive; N.P., ...	7
No. 430.	Improved; followed by normal premature labour; child alive, but premature; N.P., ...	1
No. 463.	Acute pyelitis of marked toxicity at six months; complete miscarriage—good recovery after initial temperature due to pyelitis (pyrexias B.M.A. standard), ...	1
Nos. 316 and 98.	Improvement; later, normal delivery of premature twins; both alive; N.P., ...	2
No. 381.	Improvement; later, normal delivery of twins (full time); both alive; N.P., ...	1
Toxæmia of unknown origin.	Five months pregnant; hyperemesis with jaundice; failure in carbohydrate metabolism—confusional insanity; pregnancy terminated by abdominal hysterotomy, but patient died soon after operation, ...	1
No. 481.		
No. 520.	Albuminuria and jaundice with anuria and œdema; pregnancy terminated at seven months by abdominal hysterotomy; child still-born; generalised fœtal œdema; recovery excellent,...	1
Tuberculosis of lungs.	With pleurisy; later, normal full term delivery; child alive; puerperium febrile from lung condition; transferred to Sanatorium, ...	1
No. 140.		
Uterine displacement.	Marked prolapse on admission two weeks before full term; normal full term labour; child alive; N.P., ...	1
No. 94.		
No. 54.	Marked prolapse; pessary inserted; dismissed before full term, ...	1
Varicose Veins.	Improved; later, spontaneous version during labour; manual delivery of breech; child alive; N.P., ...	1
No. 70.		
Nos. 99 and 574.	Improved; later, normal full term labour; child alive; N.P., ...	2
	Total, ...	192

ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Incomplete on admission.	Completed naturally; N.P., ...	2
	Completed by curettage; N.P., ...	13
No. 34.	Digital curettage; pyrexia in puerperium due to cystitis (P.P. and B.M.A. standards); dismissed well 17th day, ...	1
No. 143.	Patient admitted in extremis; digital removal of placenta; pyrexia in puerperium (B.M.A. standard only); dismissed well 16th day, ...	1
No. 74.	Hydatid mole—curetted—N.P. until developed facial erysipelas on 7th day and was transferred to Infectious Diseases Hospital,... ...	1
Inevitable on admission.	Completed naturally; N.P.,...	10
No. 90.	Completed naturally; pyrexia of P.P. standard on 10th and 11th days due to acute asthma and bronchitis, ...	1
No. 431.	Ante-partum hæmorrhage due to marginal placenta prævia; membranes ruptured artificially and vagina packed; later, complete miscarriage six months; N.P., ...	1
No. 258.	Ante-partum hæmorrhage due to lateral placenta prævia; internal version and extraction of leg; later, normal delivery of breech, six months; N.P., ...	1
No. 213.	Ante-partum hæmorrhage due to lateral placenta prævia; artificial rupture of membranes, and version; extraction of 6½ months fœtus by leg and breech, and manual removal of placenta; N.P., ...	1
No. 395.	Completed by curettage; N.P., ...	1
No. 450.	Admitted in extremis after vaginal packing performed at home; curetted; pyrexia 1st and 2nd days (both P.P. and B.M.A. standards); dismissed well, ...	1
Missed. No. 279.	Completed naturally; N.P., ...	1
No. 392.	Uterus emptied by dilatation, and curettage, following packing; N.P., ...	1
Threatened.	Became inevitable; completed naturally, ...	7
	Became inevitable; completed by curettage, ...	4
	Arrested; dismissed well, ...	5
Miscarriage during treatment for other condition. No. 463.	Acute pyelitis; completed naturally, ...	1
	Total, ...	53

Maternal deaths after abortion or miscarriage,			0
Puerperal septicæmia after abortion or miscarriage,			0
Puerperal morbidity after abortion or miscarriage, (B.M.A. Standard).			4
Causes:—	Cystitis,	1	
	Acute pyelitis,	1	
	Mild sapræmia,	2	
Number of notifiable pyrexias following abortion or miscarriage,			4
Causes:—	Asthma and bronchitis,	1	
	Cystitis,	1	
	Acute pyelitis,	1	
	Mild sapræmia,	1	

NATAL CASES.

Total number of deliveries,		475
Full-term,		403
Premature (including 10 deliveries of twins),		70
Abdominal section and non-viable child,		2
Number of abnormal deliveries,		88
Forceps rate (38),	8.0%	
Cæsarean Section rate (13),	2.7%	
Craniotomy rate (1),	0.2%	
Death rate (for abnormal deliveries) (2),	2.3%	

ABNORMAL DELIVERIES.

Causes:—

Abnormal 3rd stage in spontaneous delivery of child,	13
Accidental hæmorrhage,	5
Breech presentation,	4
Brow presentation,	1
Contracted pelvis,	28
Eclampsia,	1
Hydramnios,	1
Chronic nephritis requiring induction of labour,	1
Placenta prævia,	3
Prolapse of cord	5
Protracted dilatation requiring forceps delivery,	2
Protracted 2nd stage requiring forceps delivery,	14
Threatened eclampsia,	3
Toxæmia requiring termination of pregnancy,	2
Twins,—abnormal delivery of one or both,	5
Total,	88

DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Abnormal 3rd stage in Spontaneous delivery of child. Nos. 23, 84, 122 and 238.	Normal delivery of child; manual removal of part of membranes; child alive and mature; N.P.,...	4
Nos. 278, 365, and 403.	Normal delivery of child; manual removal of adherent placenta; child alive and mature; N.P., ...	3
No. 291.	Ante-natal albuminuria and general pruritus; normal delivery of living child at full term; retained placenta; rapid onset of profound post-partum shock; moderately severe post-partum hæmorrhage; manual removal of placenta; no response to treatment for shock; patient died 3¾ hours after birth of child, ...	1
Nos. 561 and 554.	Normal delivery of child and placenta, followed by severe post-partum hæmorrhage; child alive and mature; N.P., ...	2
No. 495.	Lateral placenta prævia but no ante-partum hæmorrhage owing to quick intervention; normal delivery of child and placenta, followed by severe post-partum hæmorrhage; N.P.; child still born and mature, but was dead in utero before onset of labour (no reason found),	1
No. 332.	Normal delivery of child and placenta followed by severe post-partum hæmorrhage; child alive and mature; puerperium febrile without found cause as in previous puerperium (pyrexia notifiable and also B.M.A. standard), ...	1
No. 530.	Ante-natal albuminuria and pyelitis; normal delivery of child and placenta; severe post-partum hæmorrhage; child alive and mature; puerperium febrile from pyelitis and severe anæmia (pyrexia notifiable and also B.M.A. standard), ...	1
Accidental Hæmorrhage. Nos. 164, 568 and 171.	Moderate hæmorrhage; normal full term delivery; child alive; N.P..	3
No. 85.	Moderate hæmorrhage; later forceps delivery owing to slight deformity of pelvis; child alive and premature; N.P., ...	1
No. 373.	Concealed hæmorrhage; extreme collapse on admission; later normal premature labour; child still-born; puerperium febrile from mild local sepsis and marked anæmia (pyrexia notifiable and also B.M.A. standard); recovery slow but good, ...	1
Breech presentation. No. 188.	Manual delivery of breech (full term); child alive; N.P., ...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 45.	Version failed; manual delivery of breech at full term; delay with shoulders; child still-born; N.P., ...	1
No. 70.	Spontaneous version vertex to breech during labour at full term; extended legs; manual delivery; child alive; N.P., ...	1
No. 204.	Manual delivery (full term) of impacted breech; child alive; puerperium mildly febrile from local sepsis in perineum (pyrexia B.M.A. standard) and later notifiable pyrexia on 9th and 10th days, due to serum reaction, ...	1
Brow presentation. No. 118.	Changed to vertex and delivered with forceps; child alive and mature; N.P., ...	1
Contracted pelvis.	Cæsarean section at full term; child alive; N.P.,	6
No. 86.	Cæsarean section at full term; child alive; puerperium febrile from bronchitis (notifiable pyrexia and also B.M.A. standard); dismissed well, ...	1
No. 11.	Cæsarean section at full term; child alive; puerperium febrile 3rd and 6th days (B.M.A. standard of pyrexia only); dismissed well, ...	1
No. 380.	Cæsarean section at full term; child alive; puerperium febrile from severe anæmia and slight phlebitis (pyrexia notifiable and B.M.A. standard); dismissed well, ...	1
	Forceps delivery; child alive and mature; N.P.,...	12
Nos. 21 and 487.	Forceps delivery; child still-born and mature; N.P., ...	2
No. 102.	Forceps delivery; child alive and mature; N.P., except notifiable pyrexia from mastitis 11th and 12th days, ...	1
No. 172.	Forceps delivery; child still-born and mature; N.P., except for severe local serum reaction causing notfiable pyrexia (also B.M.A. standard), ...	1
No. 408.	Medical induction and forceps delivery; child alive and mature; early puerperium febrile owing to mild sapræmia (pyrexia notifiable and also B.M.A. standard); dismissed well, ...	1
No. 472.	Forceps delivery; child alive and mature; N.P., except for pyelitis on 6th day (pyrexia notifiable and B.M.A. standard), ...	1
No. 600.	"Failed forceps" at home; admitted in extreme collapse with threatened rupture of uterus; craniotomy performed; puerperium febrile from bronchiectasis (pyrexia notifiable and B.M.A. standard); recovery slow but good, ...	1
Eclampsia. No. 247.	Several fits before and after admission; normal full term delivery under anæsthesia a few hours later; child alive; 2 more fits after delivery and then gradual recovery; N.P., ...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
Chronic Hydramnios. No. 307.	Medical induction; normal full term labour; child alive; N.P., ...	1
Chronic Nephritis. No. 305.	Termination of pregnancy by artificial rupture of membranes; later normal premature labour; child still-born; N.P., ...	1
Placenta Prævia. No. 372.	Admitted in labour; moderate hæmorrhage before and after admission; normal premature labour; child lived only a few minutes; N.P., ...	1
No. 402.	Admitted in labour with moderate hæmorrhage; normal full time delivery; child alive; N.P., ...	1
No. 320.	Severe antepartum hæmorrhage before and after admission; internal version performed and manual delivery of breech; child still born and premature; N.P., ...	1
Prolapse of Cord. Nos. 29 and 105.	Prolapse of pulsatile cord at full dilatation; normal full term delivery; child alive; N.P.,	2
No. 8.	Cord prolapsed and pulseless on admission; normal full term delivery; child still-born; N.P., ...	1
No. 385.	On admission presentation of pulsatile cord during 1st stage of labour; flat pelvis; rapid normal labour; child alive and mature; N.P.,	1
No. 404.	On admission prolapse of pulsatile cord; flat pelvis; high forceps delivery; child S.B.; N.P., ...	1
Protracted Dilatation. Nos. 153 and 359.	Forceps delivery; child alive and mature; N.P., ...	2
Protracted Second Stage.	Forceps delivery; child alive and mature; N.P., ...	13
No. 571.	Forceps delivery; child alive and mature; puerperium slightly febrile due to severe anæmia (B.M.A. standard only), ...	1
Threatened Eclampsia. No. 154.	Admitted in labour; forceps delivery; child alive and mature; N.P., ...	1
No. 203.	Severe albuminuria and toxæmia not responding to active treatment; pregnancy terminated at sixth month by abdominal hysterotomy; N.P.; gradual return to normal except for persistent slight albuminuria, ...	1
No. 566.	Severe albuminuria with serous effusions and myocarditis and hæmoptosis; pregnancy terminated at 8th month by Cæsarean section; child alive; N.P., gradual return to normal,...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
Toxæmia (not Albuminuria). No. 481.	Hyperemesis at 6th month with increasing jaundice and dehydration; failure in carbohydrate metabolism, and confusional insanity; pregnancy terminated by abdominal hysterotomy, but patient died soon after operation, ...	1
No. 520.	Pyuria and œdema, with increasing jaundice and anuria; pregnancy terminated in 7th month by Cæsarean section; child still-born and showed generalised fœtal œdema; N.P., and gradual return to normal, ...	1
Twins. No. 25.	Protracted dilatation and forceps delivery of both; manual removal of placenta; both alive and premature; N.P., ...	1
No. 145.	1st manual delivery of breech; 2nd normal delivery of vertex; both alive and premature; N.P., ...	1
No. 146.	Threatened eclampsia; 1st manual delivery of breech; 2nd version to footling and manual delivery; both alive and premature; puerperium febrile 4th to 6th days due to marked toxæmia and anæmia (pyrexia notifiable and B.M.A. standard), ...	1
No. 316.	1st normal delivery of vertex; 2nd manual delivery of breech; both alive and premature; N.P., except 2 attacks of pyelitis in 2nd week (pyrexia not notifiable), ...	1
No. 565.	1st normal delivery of vertex; 2nd manual extraction of breech; both alive and premature; N.P., ...	1
	Total, ...	88

Number of Spontaneous Deliveries. 387

Presentations:—	Breech, ...	3
	Face, ...	1
	Twins, ...	8
	Vertex, ...	375

Number of spontaneous deliveries at which medical assistance was not required, ... 256

Number of spontaneous deliveries with medical assistance, 131

Number of deaths in spontaneous deliveries, ... 3

Conditions requiring medical assistance at spontaneous deliveries:—

Anæsthesia, ...	6	
Breech presentation, ...	3	
Medical Induction, ...	9	
Pituitrin administration in 2nd stage,	4	
Perineal repair, ...	93	
Vaginal repair alone, ...	8	
Twins, ...	8	
	131	
Total number of cases of Twins, ...		13
Full term, ...	3	
Premature, ...	10	
Live Infants, ...	26	
Still Infants, ...	Nil.	
Spontaneous delivery of both, ...	8	
Abnormal delivery of 1 or both, ...	5	
Total number of Infants born, ...		486
Live Infants, ...	470	
Still Infants, ...	16	

Causes of Still Births:—

Asphixia due to intra-uterine hæmorrhage, ...		3
External accidental, ...	1	
Concealed, ...	1	
Placenta Prævia, ...	1	
Cord tightly round neck, ...		1
Dystocia, ...		5
Protracted dilatation and forceps delivery, ...	3	
Craniotomy following fœtal death, ...	1	
Difficult breech delivery, ...	1	
Generalised Fœtal Œdema, ...		1
Precipitate labour, ...		1
Prolapsed Cord, ...		2
Toxæmia in mother, with high blood pressure, ...		2
No cause found—fœtal death at full term before onset of labour,...		1
Total, ...		16

Number of Deaths of Infants under 8 days (neo-natal deaths), ...	13
Causes of deaths of infants under 8 days:—	
Congenital debility, ...	1
Fœtal ascites and prematurity, ...	1
Prematurity (other than twins), ...	4
Prematurity (twins), ...	7
Total, ...	13
Still-birth rate for total number of children born (16 still-births in 486 births), ...	3.3%
Neo-Natal death-rate for total number of children born (13 deaths in 470 live births),...	2.7%
Maternal mortality rate for total number of admissions (5 deaths in 605 cases), ...	0.8%
Maternal morbidity rate for total number of deliveries (22 pyrexias in 475 deliveries), ...	4.6%
Maternal morbidity rate for normal deliveries (12 pyrexias in 386 deliveries), ...	3.1%
Maternal morbidity rate for normal deliveries, excluding extra-genital causes (4 pyrexias), ...	1.03%
Maternal morbidity rate for abnormal deliveries (10 pyrexias in 88 abnormal deliveries), ...	11.2%
Maternal morbidity rate for abnormal deliveries, excluding extra-genital causes (2 pyrexias),...	2.2%

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard)—temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever, ...	1
Number of cases of puerperal morbidity (B.M.A. standard), ...	22
Number of cases of puerperal morbidity in which delivery was abnormal, ...	10

Classification of causes.

(1) Extra-genital causes, ...	16	
(2) Genital causes in non-operative deliveries, ...	4	
(3) Genital causes in operative deliveries, ...	2	

Extra-genital causes.

Profound anæmia and debility, ...	1
Anæmia with phlebitis, ...	1
Bronchitis, ...	1
Bronchiectasis, ...	1
Constipation following abdominal section, ...	1
Hodgkin's Disease, ...	1
Pyelitis, ...	3
Pleurisy, ...	1
Serum reaction,...	1
Tonsillitis, ...	1
Toxæmia and anæmia,...	1
Tuberculosis of lungs, ...	1
Suspected tuberculosis of lungs, ...	1
No cause found, ...	1
Total, ...	16

Genital causes in non-operative cases.

Degeneration in fibroid, ...	1
Mild Sapræmia, ...	2
Septic perineum, ...	1
Total, ...	4

Genital causes in operative cases.

Mild Sapræmia, ...	1
Septic perineum, ...	1
Total, ...	2

Number of cases of puerperal morbidity which were notifiable as Puerperal Pyrexia, ... 19

Number of cases of Puerperal morbidity not notifiable, 3

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN NON-OPERATIVE DELIVERIES.

Degeneration of Fibroid. No. 5.	Details given under "Notifiable puerperal pyrexias."
Mild Sapræmia. Nos. 134 and 373.	Details given under "Notifiable puerperal pyrexias."
Septic Perineum. No. 107.	Details given under "Notifiable puerperal pyrexias."

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN OPERATIVE DELIVERIES.

Mild Sapræmia. No. 408.	Details given under "Notifiable puerperal pyrexias."
No. 204.	Impacted breech; manual delivery; ruptured perineum; temperature rose to 100 degrees on 2nd, 3rd and 4th days due to absorbtion from perineum, then settled; later, temperature due to serum reaction 9th and 10th days; notifiable; dismissed well.

DETAILS OF CASE OF PUERPERAL FEVER.

		No.
No. 41.	Admitted in premature labour, normal delivery, one vaginal examination only; child alive; temperature rose 3rd day and continued swinging between 101 degrees and 104 degrees until 9th day, when patient was transferred. No sapræmia, but retention of urine and sloughing in vagina, subacute arthritis right knee joint; on 9th day redness and swelling appeared on labia and buttocks and spread to back; transferred to Infectious Diseases Hospital as puerperal fever and suspect erysipelas, ...	1
	Total, ...	1

PUBLIC HEALTH (PUERPERAL FEVER and PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

In these regulations, the standard of pyrexia is defined as 100.4 degrees F., continuing or recurring within 24 hours, during the first twenty-one days after delivery.

Total number of cases of puerperal pyrexia notified, ...	23
Total number of cases after normal delivery, ...	14
Total number of cases after abnormal delivery, ...	9

Classification of Causes.

(1) Extra-genital causes, ...	18
(2) Genital causes in non-operative deliveries, ...	4
(3) Genital causes in operative deliveries, ...	1

Extra-genital Causes.

Anæmia and phlebitis....	1
Bronchitis, ...	1
Bronchiectasis, ...	1
Hodgkin's disease, ...	1
Mastitis, ...	4
Pyelitis, ...	3
Serum reaction, ...	2
Tonsillitis, ...	1
Toxæmia and anæmia,...	1
Tuberculosis of lungs, ...	1
Suspect tuberculosis of lungs, ...	1
No cause found, ...	1
	18

BRIEF DETAILS OF CASES WITH GENITAL CAUSES IN NON-OPERATIVE DELIVERIES.

No. 134. Admitted in labour; normal full term delivery; child alive; pyrexia on 5th and 6th days due to mild sapræmia; special serum given; temperature normal after 6th day; serum rash later but no further pyrexia; dismissed well 20th day, ... 1

No. 373. Admitted in extreme collapse from concealed hæmorrhage; labour normal and rapid 36 hours later; child premature and still-born; temperature rose 3rd evening and varied between 99 degrees and 100.8 degrees for 3 days, then at lower level for one week; mild sapræmia but extreme anæmia; gradual recovery and patient dismissed well 34th day, ... 1

No. 107. Admitted in labour; normal full term delivery and ruptured perineum; child alive; temperature rose on 4th evening to 103.6 degrees and varied between 99 degs. and 101 degs. on 5th and 6th days; œdema and inflammation round perineal stitches and slight local sloughing; special serum given 5th day; temperature settled 7th day but rose in serum reaction on 11th and 12th days; perineum healed; dismissed well 20th day, ... 1

No. 5. Ante-natal debility; normal full term delivery; child alive; sudden attack of acute abdominal pain with rise of temperature to 103 degrees on third day; degenerating fibroid suspected; temperature 102 degrees on 4th day, then maintained around 99 degrees until 7th day when rose to 102 degrees accompanied by acute pain again. N.P. from 8th day; dismissed well 24th day, ... 1

BRIEF DETAILS OF CASES WITH GENITAL CAUSES IN OPERATIVE DELIVERIES.

No. 408. Rachitic pelvis, low forceps delivery, manual removal of placenta and membranes, membranes ragged and adherent; child alive and mature; temperature rose to 101.8 degrees on 3rd evening, then varied from 99.8 degrees to 100.6 degrees until 7th day, then rose again to 102 degrees on 8th day; special serum given 4th day; temperature settled gradually in second week; lochia slightly scanty but never foul; patient jaundiced but otherwise remained well; dismissed well 22nd day, ... 1

POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Eclampsia. No. 159.	Unconscious on admission and remained so; died 12 hours later, ...	1
Retained Placenta and post-partum hæmorrhage and shock. No. 232.	Died 2 hours after admission, ...	1
Retained Placenta and ruptured perineum. No. 468.	Dismissed well on 15th day, ...	1
General pruritus. No. 414.	Recurrence after initial attacks in pregnancy; dismissed well after 12 days, ...	1
	Total, ...	4

MATERNAL DEATHS, 5.

Condition.	Result.	No.
No. 149. Post-partum Shock.	Admitted in premature labour; normal but rapid delivery of living child; face presentation; marked degree of shock immediately after delivery; normal delivery of placenta and no post-partum hæmorrhage but shock increased and became extreme in spite of active treatment; patient died 2¼ hours after delivery, ...	1
No. 159. Eclampsia.	Admitted unconscious after normal delivery at home; 3 fits at home and 3 fits in hospital; no response to treatment and never regained consciousness; died 12 hours after admission, ...	1
No. 232. Post-partum hæmorrhage and shock.	Admitted with retained placenta in extreme shock from post-partum hæmorrhage; manual removal of placenta; no response to active treatment and died 2 hours after admission,	1
No. 291. Post-partum shock.	Admitted with general pruritus and slight albuminuria just before full term; normal full time labour five days later; quick onset of shock immediately after birth of child which increased in spite of treatment; retained placenta manually removed but hæmorrhage only moderate; still no response to treatment and patient died 3¾ hours after birth of child,	1
No. 481. Toxæmia of Pregnancy.	Admitted in 5th month with hyperemesis and jaundice; increase of jaundice and dehydration though vomiting decreased; complete failure in carbohydrate metabolism and onset of confusional insanity; pregnancy terminated by abdominal hysterotomy but patient died soon afterwards, ...	1
	Total, ...	5

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

REPORT FOR THE YEAR 1931.

CHILDREN'S WARD.

Number of admissions during 1931, ... 258
Medical cases, ... 29
Surgical cases, ... 229

Source of cases:—

Recommended from Child Welfare Clinic, ... 216
Recommended by Doctors, ... 23
Transferred from Maternity Wards (on mother's discharge from hospital), ... 19

Average daily number in residence:—

January,	10.3	8.4
February,	8.6	
March,	6.3	
April,	8.6	8.1
May,	7.6	
June,	8.	
July,	8.3	7.0
August,	7.1	
September,	5.6	
October,	11.3	9.7
November,	10.8	
December,	7.1	

Average period of residence:

Medical cases, ... 17.1 days.
Surgical cases, ... 8.2 days.

Age periods of children admitted:—

Medical cases, ...	29	Surgical cases, ...	229
0-1, ...	29	0-1, ...	53
1-2, ...	0	1-2, ...	23
2-3, ...	0	2-3, ...	48
3-4, ...	0	3-4, ...	57
4-5, ...	0	4-5, ...	48

Condition.	Result.	No.
Medical cases admitted:—		
Prematurity, ...	Improved, ...	12
Prematurity, ...	Died, ...	4
Marasmus, ...	Improved, ...	2
Marasmus, ...	Died, ...	2
Debility, ...	Improved, ...	7
Cerebral Injury—Spastic Paralysis,	Transferred to Craw Road, ...	1
Hare-lip and cleft palate—for feeding,	Died, ...	1
	Total. ...	29
Deaths in Medical Ward:—		
Prematurity, ...		4
Marasmus, ...		2
Hare-lip and cleft palate, ...		1
Total, ...		7
Surgical cases admitted, ...		229
Patients operated on, ...		216
Patients treated without operation or unfit for operation. ...		13
Tonsils and adenoids—unfit for operation owing to bronchitis, ...	2	
Tonsils and adenoids—unfit for operation owing to acute rheumatism, ...	1	
?Fracture of forearm—for X-ray only, ...	1	
Circumcision—unfit, owing to pyrexia, ...	1	
?Tb. dactylitis for U.V.R.—no X-ray changes, ...	1	
Tb. dactylitis—Plaster not reapplied—to have U.V.R.,	1	
I.H.—time did not permit, ...	1	
I.H.—unfit owing to temperature, and bronchitis,	1	
Talipes—for X-ray only—plaster not reapplied, ...	1	
Talipes—plaster removal not necessary, ...	2	
Spasticity of legs—for training in walking. ...	1	
Total, ...	13	
Deaths in Surgical Ward, Total, ...		1
Septic pneumonia following Tonsillectomy, ...	1	
Total, ...	1	

Total number of Surgical Operations, ...		315
Number of operations on indoor patients, ...	240	
Number of operations on outdoor patients, ...	75	

Conditions operated on:—

Abscesses, ...	19
Adenoids, ...	2
Cleft palate (2 patients), ...	5
Hare-lip (2 patients), ...	4
Cysts—excision, ...	5
Hydrocele, ...	3
Inguinal hernia, ...	17
Nævus—excision, ...	2
Papilloma—excision, ...	1
Phimosis—treated by circumcision, ...	70
Phimosis—treated by dilatation, ...	16
Talipes—treated by plaster, ...	32
Talipes—removal of astragulus, ...	1
Tonsils and adenoids,...	138
Total, ...	315

Number of consultations with Surgical Specialist, ... 41

Number of children transferred from hospital with infectious disease, ...		2
Chickenpox, ...	1	
Surgical Tuberculosis and Tb. pleurisy, ...	1	
Total, ...	2	

INFECTIOUS DISEASES.

I.—Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December, 1931.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.									
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Cases removed to Hospital.	Cases not removed to Hospital.
	1	2	3	4	5	6	7	8	9	10

A.—Diseases specified in the Infectious Disease (Notification) Act, 1889, and Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.

Typhoid or Enteric Fever, ...	7	...	...	1	1	3	1	1	6	1
Typhus Fever, ...	...	...	...	...	...	...	...	...	...	...
Smallpox, ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina, ...	465	17	124	271	35	17	1	...	427	38
Diphtheria and Membranous Croup, ...	136	1	42	62	21	7	3	...	135	1
Erysipelas, ...	55	4	...	2	4	17	17	11	36	19
Puerperal Fever,	7	...	...	...	1	5	1	...	7	...
Cholera,...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever,...	...	...	...	...	...	...	...	...	...	...
Continued Fever,...	...	...	...	...	...	...	...	...	...	...
Ophthalmia neonatorum,	42	42	...	...	...	...	...	...	...	42
Chickenpox, ...	468	37	143	280	6	2	...	...	11	457
Infective jaundice,	...	...	...	...	...	...	...	...	...	...
Malaria, ...	...	...	...	...	...	...	...	...	...	...
Dysentery, ...	...	...	...	...	...	...	...	...	...	...
Infantile paralysis,	1	...	...	1	...	...	...	...	1	...
Polio-encephalitis,	...	...	...	...	...	...	...	...	...	...
Encephalitis lethargica,	1	...	...	...	...	...	1	...	...	1
Acute primary pneumonia, ...	459	51	119	94	38	58	56	43	317	142
Acute influenzal pneumonia, ...	18	...	1	2	4	4	4	3	9	9
Pulmonary Tuberculosis, ...	110	..	1	9	25	51	22	2	*73	37
Non - pulmonary tuberculosis, ...	73	3	17	26	16	8	2	1	*47	26
Puerperal Pyrexia,	33	...	...	...	10	22	1	...	30	3
Total, ...	1875	155	447	748	161	194	109	61	1099	776

*13 Cases notified in a previous year and removed to hospital for the first time during 1931.

B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.

Pneumonia (not otherwise notifiable), ...	45	11	28	6	...	...	...	...	41	4
Cerebro-Spinal Fever, ...	31	5	11	6	2	2	4	1	31	...

C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1889.

Measles, ...	466	16	130	318	2	...	...	...	38	428
Whooping Cough,.	271	18	130	123	...	...	...	...	1	270
Mumps,...	104	...	11	93	...	...	...	...	...	104

TUBERCULOSIS—STATISTICAL RETURNS, 1931.

I.—Return of Cases of Tuberculosis notified during the year ended 31st December, 1931.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	AGE—GROUPS.										
	Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards	Total.	Under 15.	15 and upwards.
	1	2	3	4	5	6	7	8	9	10	11
Pulmonary—											
Males,	1	4	...	14	20	9	18	...	66	4	59
Females,	...	3	2	11	14	8	4	2	44	4	37
Non-pulmonary—											
Males,	9	7	9	7	3	...	1	1	37	23	11
Females,	11	4	6	9	2	3	1	...	36	17	12

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year ended 31st December, 1931.

	NUMBERS OF PATIENTS.					
	In Institutions on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Institutions.		In Institutions on December 31.
	1	2	3	4	5	6
Pulmonary—						
Adults,						
Males,...	30	56	45	11	7	23
Females,	22	35	25	7	1	24
Children,						
Males,...	2	3	4	...	..	1
Females,	5	8	4	1	1	7
Non-pulmonary—						
Adults,						
Males,...	2	11	2	4	...	7
Females,	4	6	3	1	1	5
Children,						
Males,...	7	10	8	1	1	7
Females,	5	8	9	...	...	4
	77	137	100	25	11	78

III.—Return of Number of Persons Resident in the Area at 31st December 1931, who were known to the suffering from Tuberculosis.

		Number of Cases—Age Groups.								
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
Pulmonary.										
Sputum not examined, ...	M.	12	7	13	9	3	2	1	1	48
	F.	19	11	7	11	4	1	2	1	56
1. Tubercle Bacilli found.	M.	...	...	1	23	32	18	10	...	84
	F.	...	...	1	28	29	24	7	...	89
2. Tubercle Bacilli never found, ...	M.	1	7	6	19	33	21	18	...	105
	F.	...	4	10	29	24	20	12	1	100
		32	29	38	119	125	86	50	3	482
Non-Pulmonary.										
1. Abdominal,...	M.	26	19	9	10	1	1	...	...	66
	F.	20	14	10	8	3	3	...	...	58
2. Spine,...	M.	4	3	1	3	...	...	...	...	11
	F.	3	1	1	3	...	...	...	...	8
3. Bones and Joints (exclusive of Spine), ...	M.	16	17	9	14	5	1	4	...	66
	F.	11	7	11	8	...	1	1	...	39
4. Superficial Glands, ...	M.	22	21	11	10	7	...	2	...	73
	F.	20	16	12	13	8	2	...	...	71
5. Lupus, ...	M.	...	...	1	1	...	...	...	...	2
	F.	...	1	1	2	...	...	...	1	5
6. Other Parts or Organs,	M.	7	7	8	9	7	8	2	...	48
	F.	13	9	6	10	5	6	1	1	51
		142	115	80	91	36	22	10	2	498
Total,...		174	144	118	210	161	108	60	5	980

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis, ...	29	22	13	11
Of whom—				
Not notified or notified only at or after death, ...	3	6	5	4
Notified less than 1 month before death, ...	1	...	1	5
Notified from 1 to 3 months before death, ...	4	5	1	1
Notified from 3 to 6 months before death, ...	5	3	1	
Notified from 6 to 12 months before death, ...	3	2	1	
Notified from 1 to 2 years before death, ...	4	4	1	
Notified over 2 years before death,	9	2	3	1
Number who died within 28 days after discharge from an institution, ...	...	...	...	...
Number who died more than 28 days after discharge from an institution.	2	1	...	...

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS.

SUMMARY.

	1931.
Number of visits of enquiry, ...	5,672
Patients removed to Hospital, ...	977
Patients removed to Reception House,...	—
Notices served under Section 50 (2), P.H.S.A., ...	1,477
Notices served under Section 53 (2), P.H.S.A., ...	1,477
Notices served to School Teachers, etc., ...	5,233
Houses, etc., Disinfected, ...	954
Sets of Clothing removed for Disinfection, ...	1,005
Articles of Clothing Distinfected, ...	11,894

TUBERCULOSIS.

SUMMARY.

	1931.
Number of visits of inquiry, ...	1,577
Average number of cases under observation, ...	1,024
Houses, etc., Disinfected, ...	113
Sets of Clothing removed for Disinfection or for Destruction, ...	144
Articles of Clothing removed for Disinfection or for Destruction, ...	2.446

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1931.

Estimated Population, 1931, ... 87,430.

Numbers.	1931.
Births (corrected for transcripts), ...	1,784
Do. Illegitimate (corrected for transcripts), ...	100
Marriages (uncorrected),	533
Deaths (uncorrected), ...	1.167
Do. (transferred out),	101
Do. (transferred in), ..	38
Do. (corrected), ...	1,104

Rates per 1,000 of Estimated Population.	1931.
Birth Rate (corrected for transcript), ...	20.4
Illegitimate Birth Rate.	5.6
Marriage Rate (uncorrected), ...	6.1
Death Rate—	
(uncorrected),...	13.3
(corrected for transfers),...	12.6
(corrected for transfers and adjusted for age and sex distribution), ...	13.8
Phthisis (corrected),	0.57
All Tuberculosis (corrected), ...	0.82
Principal Epidemic Diseases,...	0.73
Infantile Mortality Rate,	75